

N160000005546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

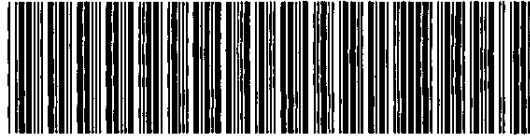
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Certified Copies _____ Certificates of Status _____

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N16-30566



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RECEIVED
16 MAY 25 PM 2:04
TALLAHASSEE, FLORIDA

JUN 1 2016

S. GILBERT

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Haitian-American Professionals Association, Inc. (HAPA)
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Eddy Andre

Name (Printed or typed)

10946 NW 14th Ave. Apt. K202

Address

Miami, FL 33167

City, State & Zip

(305) 985-8338

Daytime Telephone number

andreddy@hotmail.com/ msbertine@hotmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2016

EDDY ANDRE
10946 NW 14TH AVE, APT K202
MIAMI, FL 33167

SUBJECT: HAITIAN-AMERICAN PROFESSIONAL ASSOCIATION, INC.
(HAPA)
Ref. Number: W16000030566

We have received your document for HAITIAN-AMERICAN PROFESSIONAL ASSOCIATION, INC. (HAPA) and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 516A00008504

RECEIVED

16 MAY 25 PM 2:30

FLORIDA
TALLAHASSEE

ARTICLES OF INCORPORATION
OF
HAITIAN- AMERICAN PROFESSIONALS ASSOCIATION, INC.

ED
16 MAY 25 PM 2:03
STATE
PALM BEACHES, FLORIDA

Article I-Name of the Organization

The name of the corporation shall be: Haitian-American Professionals Association, Inc., (hereinafter referred as the "Corporation").

Article II- Principal Office

The name of the registered agent and the principal office of the Corporation: Eddy Andre. 10946 NW 14th Ave. Apt. K202 Miami, FL 33167.

Article III- Purpose

The corporation is organized for charitable, religious, educational, cultural, and civic engagement purposes within the meaning of §501 (c) (3) of the Internal Revenue Code, as may be amended and exempt from taxation. The purpose of the Corporation is to enhance education, promote cultural diversity, and encourage productivity in different communities.

The Corporation shall not be conducted for profit. The Corporation's earnings shall not be used for the benefit of its members, except that the Corporation shall be authorized to pay reasonable compensation for services rendered. The corporation shall not conduct business to discriminate against any person on the basis of race, color, religion, sex, or age.

In addition to the general purposes set above, the corporation shall be more specifically organized and operated to enhance education and economic welfare primary in the State of Florida and overseas, where applicable.

Article IV- Manner of Election

The members of the organization elect the directors.

Article V- Initial Directors and/or Officers

President: Andre, Eddy--- 10946 NW 14th Ave. Apt. K202 Miami, FL 33167
Vice President: Otel, Bertine--- 925 NE 135 St. Miami, FL 33161
Secretary: Desroches, Rachel--- 20534 NE 6th Ct. Miami, FL 33179
Treasurer: Deshommes, Christian--- 152 NE 122nd St. Miami, FL 33161
Advisor: Charles, Idson--- 301-106 Palm Way Pembroke Pines, FL 33025
Advisor: Desroches, Marimay--- 20534 NE 6th Ct. Miami, FL 33179
IT Specialist: Desvallons, Garma--- 2915 Washington St. # 5 Hollywood, FL 33020

Article VI- Duration/ Dissolution/Dedication of Assets

The duration of the corporate existence shall be perpetual until dissolution. Upon dissolution, the Corporation's assets, with the vote of most members, shall be distributed to any other not for profit organizations within the meaning of section 501 (c) (3) of the Internal revenue Code.

In Witness Whereof, I accept service of process for the above stated Corporation at the place designated in this certificate. I am familiar with and accept the appointment as registered agent and agreed to act in this capacity.

Registered Agent: Eddy Andre

Date 04-11-16

Incorporator: Bertine Otelo

Date 04-11-16

Name and Title: Garma Desvallons, IT Specialist Name and Title: _____
Address: 2915 Washington St # 5 Address: _____
Hollywood, FL 33020 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Eddy Andre
Address: 10946 N.W 14th Ave. Apt. K202
Miami, FL 33167

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Bertine Otelo
Address: 925 NE 135 St
Miami, FL 33161

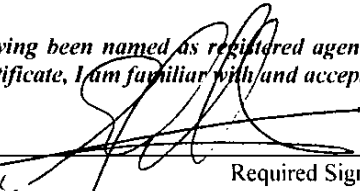
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

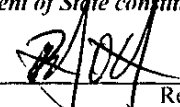
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Required Signature of Registered Agent

4/11/16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

04/11/16
Date