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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : UNITED AGENT SERVICES LLC
Account Number : I20210000087
Phone : (866) 246-2669
Fax Number : (520) 333-2793

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: compliance@unitedagentservices.com

RECEIVED
2021 OCT 29 AM 8:05

FILED
2021 OCT 29 AM 9:45
SCL
TALLAHASSEE FL

FLORIDA PROFIT/NON PROFIT CORPORATION
HAITIAN AMERICAN POLITICAL ACTION COMMITTEE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME HAITIAN AMERICAN POLITICAL ACTION COMMITTEE, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
3001 SW 173rd TER _____
MIRAMAR, FL 33029 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: POLITICAL ACTION COMMITTEE

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STATE OF FLORIDA
TALLAHASSEE, FL

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>ANTONIO DUVAL, Director</u>	Name and Title:	<u>ANTONIO DUVAL, President</u>
Address	<u>3001 SW 173rd TER</u> <u>MIRAMAR, FL 33029</u>	Address:	<u>3001 SW 173rd TER</u> <u>MIRAMAR, FL 33029</u>

Name and Title:	<u>ANTONIO DUVAL, Treasurer</u>	Name and Title:	<u>ANTONIO DUVAL, Secretary</u>
Address	<u>3001 SW 173rd TER</u> <u>MIRAMAR, FL 33029</u>	Address:	<u>3001 SW 173rd TER</u> <u>MIRAMAR, FL 33029</u>

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

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: United Agent Services LLC

Address: 9100 Conroy Windermere Rd #200-UAS
Windermere, FL 34786

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 TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: Patty Scimanti

Address: 221 N Broad St
Middletown, DE 19709

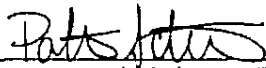
ARTICLE VIII EFFECTIVE DATE:

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

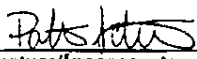
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 10/28/2021
 Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

 10/28/2021
 Required Signature/Incorporator Date