

**NOS 00000021R**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

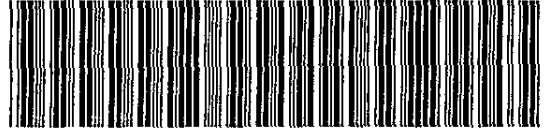
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700043702957

01/03/05--01043--003 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 MAR -2 PM 1:49

FILED

~~1005-945~~

TH 3/2/05

**TRANSMITTAL LETTER**

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

**SUBJECT:** S O S PAULIN INC

**(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:** CLAUDETTE DERISMA LAFONTANT  
Name (Printed or typed)

19700 NE 12 CT  
Address

MIAMI , FLORIDA 33179  
City, State & Zip

(305 ) 653 - 9430  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

January 3, 2005

CLAUDETTE DERISMA LAFONTANT  
19700 NE 12 CT  
MIAMI, FL 33179

SUBJECT: S O S PAULIN INC  
Ref. Number: W05000000245

RECEIVED  
05 MAR -2 PM 12: 01  
DEPARTMENT OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for S O S PAULIN INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the 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) 245-6855.

Tammy Hampton  
Document Specialist  
New Filings Section

Letter Number: 605A00000122

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**FILED**

05 MAR -2 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

S O S PAULIN , INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

19700 NE 12 CRT , MIAMI , FL 33179

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

HUMANITARIAN PURPOSE TO HELP TO REBUILT PAULIN , HAITI , AFTER THE PASSAGE OF HURRICANE  
JEANNE

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

APPOINTED BY THE BOARD OF DIRECTORS .

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

CLAUDETTE DERISMA LAFONTANT	EXECUTIVE DIRECTOR
JACQUELINE EXCEUS	SECRETARY
DANIELLE PRINE	PUBLIC RELATIONS
PAULA PIERRE	TREASURY
JULIA HUGHES	MEMBER AT LARGE
JOSEPH ELIZEE	MEMBER AT LARGE

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

CLAUDETTE DERISMA LAFONTANT  
19700 NE 12 CRT , MIAMI FLA 33179

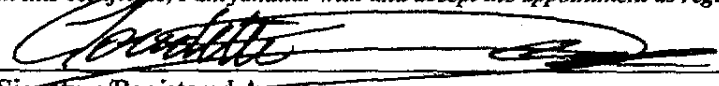
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

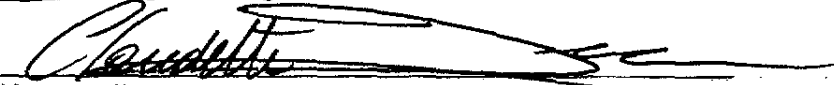
CLAUDETTE DERISMA LAFONTANT  
19700 NE 12 CRT , MIAMI FLA 33179

\*\*\*\*\*

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.

  
Signature/Registered Agent

2-15-05  
Date

  
Signature/Incorporator

2-15-05  
Date