

F03000000477

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

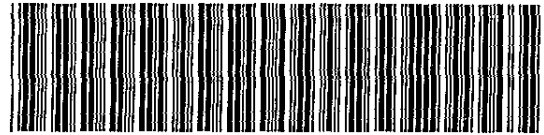
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FILED
JAN 16 2003
FBI - TAMPA

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FLORIDA DEPARTMENT OF STATE
Ken Detzner
Secretary of State

January 22, 2003

MORISSEAU LAZARRE
634 INDIDO AVENUE
WELLINGTON, FL 33414

SUBJECT: ASSOCIATION OF THE SONS OF NORTHWEST INCORPORATED
Ref. Number: W03000001795

We have received your document for ASSOCIATION OF THE SONS OF NORTHWEST INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 003A00003485

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Association of The Sons of Northwest (AFNO)
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Morisseau Lazarre
(Name of Person)

AFNO
(Firm/Company)

634 Indigo Ave
(Address)

Wellington, FL 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

Wilfrid Lazarre at (561) 792-1335
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399


MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. Association of The Sons of North West Incorporated (ASNU AFNO)
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. HAITI 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. October 15, 2002 5. 2004 (Renewable)
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 617.153, F.S.)
7. 634 Indigo Ave Wellington, FL 33414
(Principal office address)
same
(Current mailing address)
8. Work and help poor people
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Wilfrid Lazorre
Office Address: 634 Indigo Ave
Wellington, Florida 33414
(City) (Zip Code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

CLERK OF STATE
TALLAHASSEE, FLORIDA

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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: MORISSEAU LAZARRE

Address: 634 INDIGO AVE WELLINGTON
FLORIDA 33414

Vice Chairman: WILFRID LAZARRE

Address: 634 INDIGO AVE WELLINGTON
FLORIDA 33414

Director: MERLIN JOSEPH

Address: 3300 GARNET RD.
MIRAMAR, FL 33025

Director: DAPHNE JEAN

Address: 1351 NW 173 RD TERR
MIA FL 33169-

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: COLETTE ROSEMOND

Address: 15521 S.W. 109 AVE,
MIAMI FL 33157

Vice President: LIERANE LAURENT

Address: 9541 NW 11ST
PLANTATION FL 33322

Secretary: ODELENE BONTEMPS

Address: 14545 NE 3RD COURT. NM FL 33161

Treasurer: CLAUDETTE CHRISTIAN

Address: 1320 NE 139 ST NORTH MIAMI FL 33161

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Morisseau
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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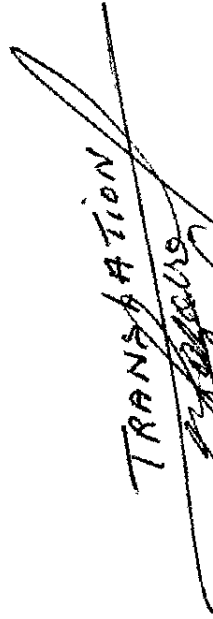
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Republic of Haiti
Minister of Affair Social and Labor

Attestation

The Minister of affair social and labor certifies and attests this
organization name: **THE SONS OF NORTHWEST (AFNO)**
ASSOCIATION OF THE
Is legally registered by the Minister of Affair Social and
Labor under this number: **STC-00870** For a period of
two years (October 2002 - October 2004) starting
October 15, 2002 to October 15, 2004

Hereby gives the right to perform and serve legal
Port-au-Prince, Haiti, October 15, 2002

TRANSACTION




République D'Haïti
Ministère des Affaires Sociales et du Travail

ATTESTATION

Le Ministère des Affaires Sociales et du Travail certifie et atteste que l'Association dénommée :

Association des Fils du Nord - Ouest (AFNO)

Est dûment enregistrée à la Direction du Travail au No. STC - 00870

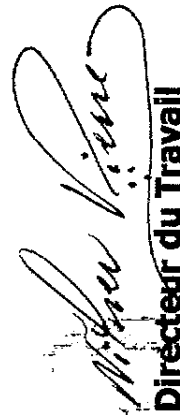
Pour une durée de deux ans (Octobre 2002 – Octobre 2004)

En foi de quoi la présente lui est délivrée pour servir et valoir ce que de droit.

Fait à Port-au-Prince, le 15 Octobre 2002



Ministre des Affaires Sociales et du Travail


Directeur du Travail