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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 27, 2005

MARIE ADOLPHE
5201 LIME LIGHT CIRCLE, APT. 3
ORLANDO, FL 32839

SUBJECT: HAITI HEALTH OUTREACH
Ref. Number: W05000004474

We have received your document for HAITI HEALTH OUTREACH and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return 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) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 505A00005926

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAITI HEALTH OUTREACH
(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:

MARIE ADOLPHE

(Name of Person)

(Firm/Company)

5201 LIME LIGHT CIRCLE, APT 3

(Address)

ORLANDO, FL 32839

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIE ADOLPHE

(Name of Person)

at (407) 438-1503

(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

SECRET
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Ref # W05000004474

**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. HAITI HEALTH OUTREACH INC.
(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. MINNESOTA 3. 41-2006081
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. APRIL 6, 2001 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NOVEMBER 22, 2004
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 5201 LIME LIGHT CIRCLE, APT 3, ORLANDO, FL, 32839
(Principal office address)
5201 LIME LIGHT CIRCLE, APT 3, ORLANDO, FL, 32839
(Current mailing address)
8. MEDICAL MISSION AGENCY
(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: MARIE ADOLPHE
Office Address: 5201 LIME LIGHT CIRCLE, APT 3
ORLANDO, Florida 32839
(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)

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HARRIS COUNTY CLERK
HARRIS COUNTY, TEXAS

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:

A. DIRECTORS

Chairman: SEE BELOW

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: MARIE ADOLPHE

Address: 5201 LIME LIGHT CIRCLE, APT 3
ORLANDO, FL 32839

Vice President: ALLAN BUTTON

Address: 1744 ONACREST CURVE
ST PAUL, MN 55117

Secretary: CAROL CARTER

Address: 7250 CAMDEN AVE N, BROOKLYN CENTER, MN 55430

Treasurer: MARIE YOLLAINE MULATRE

Address: 1744 ONACREST CURVE, ST PAUL, MN 55117

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13.

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

14.

MARIE ADOLPHE, PRESIDENT

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

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

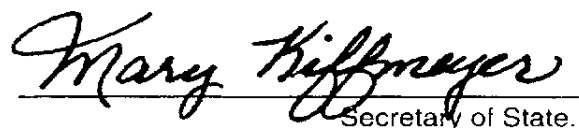
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: HAITI HEALTH OUTREACH

Date Formed: 04/06/2001

Chapter Governed By: 317A

This certificate has been issued on 11/04/04.


Secretary of State.