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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. McKnight JAN 03 2007

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KONBIT NEG LAKAY, INC.
(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:

REYNOLD JULIEN

(Name of Person)

KONBIT NEG LAKAY, INC
(Firm/Company)

16 EAST CHURCH STREET

SPRING VALLEY, NY 10977
(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Reynold Julien
(Name of Person)

at 845 445-4623
(Area Code & Daytime Telephone Number)

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

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. KONBIT NEG LAKAY, 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. NEW YORK 3. 13-3529598
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/11/1989 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. January 2007
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 16 East Church Street Spring Valley NY 10977
(Principal office address)
- 16 East Church Street Spring Valley NY 10977
(Current mailing address)

8. TO PROVIDE CULTURAL, EDUCATIONAL, ATHLETIC & SOCIAL PROGRAMS TO THE
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
HAITIAN COMMUNITY

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Jean Joseph

Office Address: 2709 Patrician Circle

Kissimmee

(City)

Florida

34746-3295

(Zip Code)

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TALLAHASSEE, FLORIDA

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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.

Jean F. Joseph

(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.

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SECRETARY OF
STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____	REYNOLD JULIEN	Executive Direc	40
Address: _____	3 STELLA DRIVE		
_____	SPRING VALLEY, NY 10977		
Vice Chairman: _____	CARL MARSEILLE	Chairman	10
_____	224 KEARSING PKWY		
Address: _____	MONSEY, NY 10952		
_____	JOSEPH CHANCELIER	BOARD MEMBER	5
Address: _____	25 NORTH MADISON AVE		
_____	SPRING VALLEY, NY 10977		
Director: _____	PRESLER JULIEN	BOARD MEMBER	5
_____	11 FLINT DRIVE		
Address: _____	SPRING VALLEY, NY 10977		
_____	ROMMEL MARSEILLE	BOARD MEMBER	5
_____	66 CREEKSIDE CIRCLE		
Address: _____	SPRING VALLEY, NY 10977		
Director: _____	VICTOR MUSCADIN	BOARD MEMBER	5
_____	24 TWIN AVENUE		
Address: _____	SPRING VALLEY, NY 10977		

B. OFFICERS

President: Same as above

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. Reynold Julien, Dir.
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of KONBIT NEG LAKAY, INC. was filed on 01/11/1989, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 07th day of December two
thousand and six.*



Special Deputy Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA