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SECRETARY OF STATE

COVER LETTER

Division of Corporations
SUBJECT: Hartian American Coalitin for Community Empowerment, 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:
Marie Elsie Innocent (Name of Person)
Hartran-American Coalition
For Community Empowerment, INC.
26485 Kampart Blv # 4-4
City/State and Zip Code)
For further information concerning this matter, please call:
Marie F. In Docut at (239) 245-887/ (Name of Person) (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 & \$78.75 Filing Fee & Certificate of Status Certified Copy 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 SUBM REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDU		PC
IN THE STATE OF FLORIDA:	CI II SAFFAII	ıw
1. Haitran-American Coalition for Community	18mpowe	mer
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbre	viations of like	/X
import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation	1.)	•
2)	
(State or country under the law of which it is incorporated) (FEI number, if applicable)		
4. The distribution of Incorporation of	"perpetual")	
6. 2009		
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to determine	ne penalty iability.)
1. III Jewel Dr Altamonte, +1 32714		
(Principal office address)	Floor	7
26485 Kampart Blood # A-4 Junta (Trada,	+L33982	9
1 20 00 1 11 00 0 11110 1	ا م ۱	ħ
8. TO VICET THE VECAU of Houtians in +10 (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	orida Solo	He.
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	280 SE	
Name: Marie Elsie Thoocent	2000 DEC SECRETANA	71
Office Address: 26 485 Rampart BL #A-4	ASS	ŗ
Office Address: 6 4 5 7 actions of the first	û° ⊃	TTI
Ganta Goda, Florida 33983	PH 4: 4 OF STATI	
(City) (Zip Code)		
10. Registered agent's acceptance:	9	
Having been named as registered agent and to accept service of process for the above stated corpor designated in this application, I hereby accept the appointment as registered agent and agree to ac	ration at the pla t in this canacit	ice v. I
further agree to comply with the provisions of all statutes relative to the proper and complete perfo duties, and I am familiar with and accept the obligations of my position as registered agent.	rmance of my	<i>,</i> , -
unies, and I am jamutar with and accept the outgations of my position as registered agent.		
Manuel X		
(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.

Haitian-American Coalition for Community Empowerment, Inc.

No. 8

Provide education, information, training, and assistance in the areas of affordable housing, farming, and economic development, vocational training, parenting skills, health improvement, and citizenship.

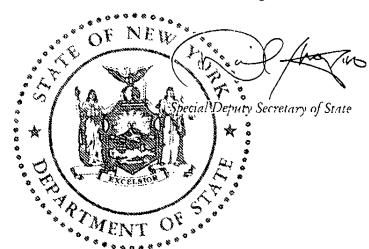
12. Names and addresses of officers and/or directors:

	A. DIRECTORS
	Chairman: Maril & Ipnocent
	Address: 26485 Rampart BL A-4
	Punta/Goda, A 33983
~	Vice Chairman: BOB Haenagie
	Address: 1940 Bayline Drive
	Ni Fort Mers, Fl 33917
	Director: Mark ZEHR
	Address: 24690 Sandhill BL Unit II 604 x II 605
	Punta Gorda, FL 33983
	Director: Amanda Segur
	Address: 2280 Aaron Street, Port Charlote Fl
	P. O. Box 495129
	B. OFFICERS,
	President: Marie Elsie Innocent
	Address: 26485 Kampont B1 A-4
	Punta Gorda, Fl 33983
-	Vice President: MJean Truett Chery
	Address: 133 Jasmine arcle
	Naplus, FL 34
L	Secretary: Chrisnel Mathurin
	Address:
- -	Treasurer: MAXIMO K. GUERRA
	Address: 4125 E Tomiami Trail, Naples FL 34112
	NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
<u> </u>	13 Phillies dent
•	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
	14. Marie ElSIE INNOCENT Chair (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 HAITIAN-AMERICAN COALITION FOR COMMUNITY EMPOWERMENT, INC. was filed on 09/23/1994, 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 25th day of November two thousand and eight.



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