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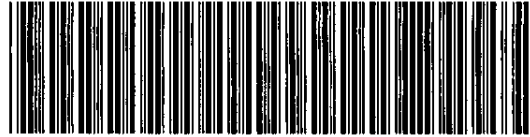
(Business Entity Name)

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MAR 07 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Alliance for the Advancement of Haitian Professionals (NAAHP), 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", or "Certificate of Status" 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:

Samuel Charles

Name of Person

National Alliance for the Advancement of Haitian Professionals (NAAHP), Inc.

Firm/Company

P.O. Box 5096

530 Sweetland Ave

Address

Hillside, NJ 07205

City/State and Zip Code

samuel.charles@naahpusa.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel Charles

at (

908

Area Code

908-220-3471

Daytime Telephone Number

Name of Person

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration 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

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**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. National Alliance for the Advancement of Haitian Professionals (NAAHP), Incorporated

(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.)

NAAHP-CRARI

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 16, 2011 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 530 Sweetland Ave, Hillside NJ 07205
(Principal office address)

P.O. Box 5096, Hillside NJ 07205
(Current mailing address, if different)

8. For purpose of the NAAHP College Readiness, Access & Retention Institute (CRARI)
(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 **NOT** acceptable)

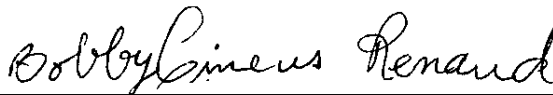
Name: Bobby Cineus Renaud

Office Address: 201 Hibiscus Tree Dr.
Lake Worth, Florida 33462
(City) (Zip Code)

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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.



(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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Dr. Wilkerson Compere
201 West Pine street, Clearfield PA 16830
Address: _____

Vice Chairman: Samuel Charles
530 SWEETLAND AVE, HILLSIDE, NJ 07205
Address: _____

Director: Mackendy Elmera
24 Colburn Lane, Hollis, NH 03049
Address: _____

Director: Anide Jean-Eustache
10 Elsman Terrace, 2nd Fl Maplewood, NJ 07040
Address: _____

B. OFFICERS

President: Serge Renaud
3156 Woodlane Court, Indianapolis, IN 46268
Address: _____

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: Samuel Charles
530 SWEETLAND AVE, HILLSIDE, NJ 07205
Address: _____

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

13. Samuel Charles 3/01/16
(Signature of Chairmah, Vice Chairman, or any officer listed in number 12 of the application)

14. SAMUEL CHARLES
(Typed or printed name and capacity of person signing application)

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**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

NATIONAL ALLIANCE FOR THE ADVANCEMENT OF HAITIAN PROFESSIONALS (NAAHP), INC.
0400411906

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on April 16, 2011.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

SAMUEL CHARLES
530 SWEETLAND AVE
HILLSIDE, NJ 07205

I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

CHANGE OF AGENT AND OFFICE
NAME CHANGE

01/30/2012
02/24/2016

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
28th day of February, 2016

Ford M. Scudder

Ford M. Scudder
Acting State Treasurer

Certificate Number : 6059069607

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_CERT.jsp