

FILE 0000001631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

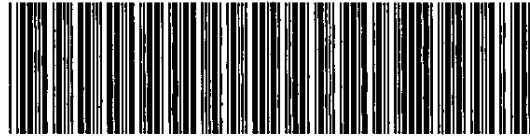
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/28/16--01039--006 **87.50

FILED
15 APR - 11 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 08 2016
J. HARRIS

15 APR 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOPE FOR THE CARIBBEAN, 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:

ROBERT A. FELICIANO

Name of Person

HOPE FOR THE CARIBBEAN, INC.

Firm/Company

5109 NE 17TH TERRACE

Address

FORT LAUDERDALE, FL 33334

City/State and Zip Code

rob@hopeforthecaribbean.org

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

For further information concerning this matter, please call:

ROBERT A. FELICIANO

at (954) 487-8887

Name of Person

Area Code

Daytime Telephone Number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2016

ROBERT A FELICIANO
5109 NE 17TH TERRACE
FORT LAUDERDALE, FL 33334

SUBJECT: HOPE FOR THE CARIBBEAN, INC.
Ref. Number: W16000023531

We have received your document for HOPE FOR THE CARIBBEAN, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 716A00006527

16 APR -4 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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:

HOPE FOR THE CARIBBEAN, INC.

1. _____
(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.)

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

2. MASSACHUSETTS _____ 3. 47-2229309 _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUNE 6, 2012 _____ 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. 5109 NE 17TH TERRACE, FORT LAUDERDALE, FL 33334

(Principal office address)

220 LINCOLN STREET, LEXINGTON, MA 02421

(Current mailing address, if different)

8. PLEASE SEE ATTACHED.

(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: ROBERT A. FELICIANO
Office Address: 5109 NE 17TH TERRACE
FORT LAUDERDALE, Florida 33334
(City) (Zip Code)

RECEIVED
STATE DEPARTMENT OF REVENUE
10 APR - 4 11:10:08
TALLAHASSEE, FLORIDA

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.

Hope For The Caribbean, Inc.

PURPOSE

8. Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida.

To partner with the Faith Community as well as the Public and Private Sectors to provide Infrastructure Development, Housing Needs, Feeding Programs, Health Care, Education and other important and necessary services to groups and individuals in need. In addition, the Corporation is organized for charitable religious education and scientific purposes including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future Federal Tax Code.

FILED
15 APR -4 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

WILLY DUCHENE
Chairman: _____
11701 NW 29TH STREET
Address: _____
SUNRISE, FL 33323

BRIAN MARX
Vice Chairman: _____
220 LINCOLN STREET
Address: _____
LEXINGTON, MA 02421

AMY ROY-HAEGAR
Director: _____
7777 N. WICKHAM ROAD
Address: _____
MELBOURNE, FL 32940

KEVIN KILDUFF, ESQ.
Director: _____
99 DERBY STREET, SUITE 200
Address: _____
HINGHAM, MA 02043

B. OFFICERS

WILLY DUCHENE
President: _____
11701 NW 29TH STREET
Address: _____
SUNRISE, FL 33323

BRIAN MARX
Vice President: _____
220 LINCOLN STREET
Address: _____
LEXINGTON, MA 02421

MOYSES LEVY
Secretary: _____
120180 EAGLE TRACE BOULEVARD, NORTH, CORAL SPRINGS, FL 33071
Address: _____

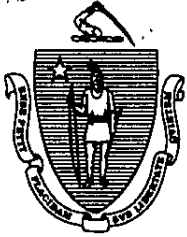
ROBERT A. FELICIANO
Treasurer: _____
5109 NE 17TH TERRACE, FORT LAUDERDALE, FL 33334
Address: _____

RECEIVED
16 APR -4 11 10 09
COMMUNITY DEVELOPMENT

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

13. Willy Duchene
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
WILLY DUCHENE - PRESIDENT

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



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

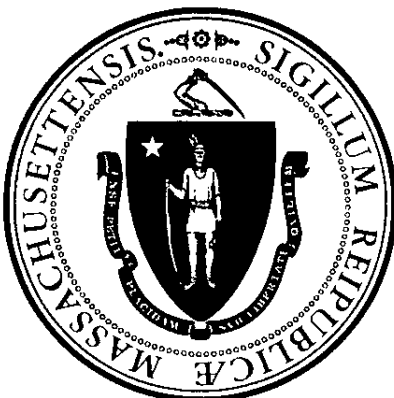
Date: March 18, 2016

To Whom It May Concern :

I hereby certify that according to the records of this office,
HOPE FOR THE CARIBBEAN, INC.

is a domestic corporation organized on **June 06, 2012**

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 16038423870

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: Kta