



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mount of Olives Haiti, 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:

Belaïve Molme  
Name of Person

Mount of Olives Haiti, Inc  
Firm/Company

7951 Southgate Blvd F5  
Address

Margate, FL 33068  
City/State and Zip Code

mountofolivehaiti@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Belaïve Molme at (816) 572-0653  
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

**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. Mount of Olives Haiti, 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.)

MOUNT OF OLIVES HAITI MINISTRIES, INC  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Missouri 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 2, 2013 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. 7951 Southgate Blvd F5 Manatee, FL 33068  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Hosting events and raise awareness to Mount of Olives  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

FILED  
16 NOV 21 AM 9:17  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

Name: Ebline Lector

Office Address: 338 NE 25th Ave

Boynton Beach, Florida 33435  
(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.*

Ebline Lector  
(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: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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16 NOV 21 AM 9:17  
TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: Jamane Molme

Address: 7951 Southgate Blvd FS, Margate, FL 33068

Vice President: Jean Baptiste Coupet  
244 Cahaba Forest Cove

Address: Birmingham, AL 35242

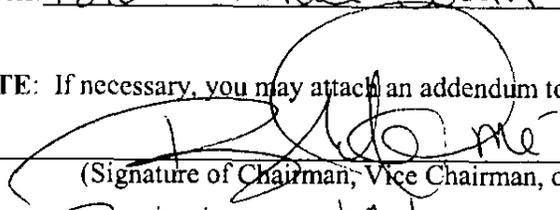
Secretary: Bulaine Molme

Address: 7951 Southgate Blvd FS, Margate, FL 33068

Treasurer: Brittany Hanson

Address: 18407 Terrace South, Independence, MO 64057

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

# STATE OF MISSOURI



**Jason Kander**  
**Secretary of State**

CORPORATION DIVISION  
CERTIFICATE OF GOOD STANDING

16 NOV 21 AM 9:17  
MISSOURI SECRETARY OF STATE  
FAMILY ASSISTANCE FLORIDA

I, JASON KANDER, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

*Mount of Olives Haiti, Inc.*  
*N01325243*

was created under the laws of this State on the 2nd day of July, 2013, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 26th day of October, 2016.

  
Secretary of State



Certification Number: CERT-10262016-0064