

F18000003490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

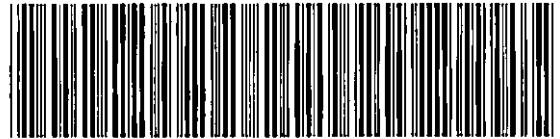
(Document Number)

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2018 JUL 27 PM 4:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

BRUCE
JUL 31 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2018

MIREILLE CYPRIEN
10291 SUNSET STRIP
SUNRISE, FL 33322

SUBJECT: RED STAR UNITED CARIBBEAN CENTER, INC
Ref. Number: W18000048715

2018 JUL 27 PM 4:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

We have received your document for RED STAR UNITED CARIBBEAN CENTER, 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 certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 918A00010653

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RED STAR UNITED CARIBBEAN CENTER (RSUCC), INC
Name of Corporation – must include suffix

RECEIVED
2018 MAY 21 PM 11:10
DEPARTMENT OF
DIVISION OF CORP.
TALLAHASSEE, FL

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:

MIREILLE CYPRIEN

Name of Person

RED STAR UNITED CARIBBEAN CENTER FOUNDATION, INC

Firm/Company

10291 Sunset Strip

Address

Sunrise, FL 33322

City/State and Zip Code

Mrlcyprien@yahoo.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MIREILLE CYPRIEN at (754) 422-5743
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
- 45

**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:*

RED STAR UNITED CARIBBEAN CENTER, 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.)
RSUCC

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

2. HAITI N/A
(State or country under the law of which it is incorporated) 3. _____
2015 (FEI number, if applicable)
4. _____ 5. PERPETUAL
(Date of Incorporation) (Date of duration, if other than perpetual)

MARS 29, 2018

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
10291 SUNSET STRIP, SUNRISE, FL 33322
7. _____
(Principal office address)

SAME AS ABOVE

(Current mailing address, if different)

8. We are a domestic since 2013 we are looking for better opportunities to support needy people, people intend to put more
money into foreign organization, specially poor country like Haiti and we can obtain the privilege of getting private and
(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)

MIREILLE CYPRIEN

Name: _____

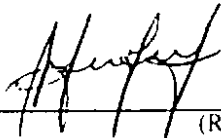
Office Address: 10291 SUNSET STRIP
SUNRISE 33322
_____, Florida _____
(City) (Zip Code)

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SECRETARY OF STATE
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.*



(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: GABY AZOR

Address: 60 ARCHACHON 32, RUE DUPRE BERTRAND, CARREFOUR, HAITI, W.I.

PRESIDENT

Vice Chairman: MARIE SHERLEY AZOR

Address: 349 ARCHACHON 32, RUE DUPRE DOPHANE, CARREFORE, HAITI, W.I.

VICE PRESIDENT

Director: JAMES INNOCENT BERTRAND, CARREFOUR, HAITI, W.I.

Address: 49 RUE SURPRI LAURENT, LARTIBONITE, ST MARC, HAITI, W.I.

DELEGATE DIRECTOR

Director: ROBERSON PIERRE ANTOINE

Address: 60 ARCHACHON 32 RUE DUPRE BERNARD, CARREFOUR, HAITI, W.I.

B. OFFICERS

President: GABY AZOR

Address: 60 ARCHACHON 32, CARREFOUR, HAITI, W.I.

Vice President: MARIE SHERLEY AZOR

Address: 349 ARCHACHON 32, RUE DUPRE DOPHANE, CARREFOUR, HAITI, W.I.

Secretary: MELICIE TILUS

Address: Brochette99 Prol. Route Des Freres #48

Treasurer: MIREILLE CYPRIEN

Address: 10291 Sunset Strip, Sunrise, FL 33322

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TALLAHASSEE FLORIDA

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. MIREILLE CYPRIEN, CEO/ TREASURER
(Typed or printed name and capacity of person signing application)