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## **COVER LETTER**

~	tration Section ion of Corporations				
SUBJECT:	Haitian Broadcasting Network	Corp.			
SOBJECT.	Name o	f corporation -	must include suffix		
Dear Sir or M	adam:				
"Certificate of		of Good Standi	athorization to Transact Business ng" and check are submitted to re in Florida.		
Please return :	all correspondence concernin	g this matter to	the following:		
Emmanuel Lou	nis				
		Name of Pe	erson		
Haitian Broade	asting Network Corp.				
		Firm/Compa	nny		
1451 W. Cypre	ess Creck Rd. suite 300				
		Address	:		
Fort Lauderdal	e, FL 33309				
		City/State and	Zip code	F.3	
elouis@hbn1.c					
	E-mail address:	(to be used for	future annual report notification)	1	
For further inf	formation concerning this ma	itter, please cal	<b>l</b> :		
Emmanuel Louis 754 253-214			257 2141	ار المراقع الم	
	e of Person	at (	) 253-2141 Daytime Telephone Numb	<u> </u>	
IName	e of Person	Area Code	Daytime Telephone Numb	ψI	
Regis Divisi The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check for the following amou eck payable to: FLORIDA DE ng Fee	PARTMENT O	\$78.75 Filing Fee & Sectified Copy Certi	0 Filing Fee, ficate of Status & fied Copy	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

5. (Date first transacted business in	adopted for the purpose of transacting bu 85-2458270  (FEI number, if applic (Date of duration, if other than	able)
3. er the law of which it is incorporated)  5. corporation)  (Date first transacted business in	85-2458270  (FEI number, if applic  (Date of duration, if other than	able)
5. (Date first transacted business in	(Date of duration, if other than	
5. (Date first transacted business in	(Date of duration, if other than	
(Date first transacted business in		perpetual)
	The state of the s	
c Rd. Suite 300 Fort Lauderdale Florida 3	602, F.S., to determine penalty liability)	
(Principal offi	ce street address)	
(Current mailin	g address, if different)	
	D. Box <u>NOT</u> acceptable)	:3 -3 -3
ımanuel Louis		•
51 W. Cypress Creek Rd. Suite 300		, to
t Lauderdale	Florida 33309	ः -हा
(City)	(Zip code)	E (5)
registered agent and to accept service ication, I hereby accept the appointny with the provisions of all statutes reand accept the obligations of my pos	nent as registered agent and agree to elative to the proper and complete po	o act in this capacity.
	(Principal officering (Current mailing (Current mailing (Current mailing (P.C.))  Iress of Florida registered agent: (P.C.)  Inmanuel Louis  51 W. Cypress Creek Rd. Suite 300  In Lauderdale  (City)  acceptance:  Is registered agent and to accept service (City)  It cation, I hereby accept the appointmentally with the provisions of all statutes registered accept the obligations of my positions.	(Current mailing address, if different)  dress of Florida registered agent: (P.O. Box NOT acceptable)  numanuel Louis  51 W. Cypress Creek Rd. Suite 300  rt Lauderdale , Florida (Zip code)  acceptance:  se registered agent and to accept service of process for the above stated codication, I hereby accept the appointment as registered agent and agree to by with the provisions of all statutes relative to the proper and complete per and accept the obligations of my position as registered agent.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

10. 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

A. DIRECTORS	•	•					
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address: 1451 W. Cypress Creek Rd.	□Vice Chairman	Address:				
□Director		Director					
President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	Other	Other	<del></del>	□Other			
□Chairman	Name:	□Chairman	Name:	· · · ·			
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	Secretary		□Treasurer			
□Other	□Other	Other		□Other			
□Chairman	Name:	□ Chairman	Name:	<i></i> ې			
□Vice Chairman	Address:	□Vice Chairman		· · · · · · · · · · · · · · · · · · ·			
□Director		□Director	<del></del>	V 7			
□President		□President		; ;			
□Vice President		□ Vice President		••			
☐ Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	Other	□Other		□Other			
individuals may be	Use an attachment to report more than six (6). The attac added to the index when filing your Florida Departmen	nt of State Annual Re	port form.				
12	Emmanuel	ovis					
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.							
(Typed or printed name and capacity of person signing application)							



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HAITIAN BROADCASTING NETWORK CORP." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF

OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAITIAN BROADCASTING NETWORK CORP." WAS INCORPORATED ON THE FOURTH DAY OF AUGUST, A.D. 2020.

Authentication: 203932073

Date: 10-24-20