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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2020

DORON BROMAN 501 S.W. 2ND AVENUE FORT LAUDERDALE, FL 33301

SUBJECT: CHILDREN OF HAITI AND REFUGEE PROJECTS, INC.

Ref. Number: W20000107552

We have received your document for CHILDREN OF HAITI AND REFUGEE PROJECTS, 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.

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.

Yvette Scott Document Specialist II

Letter Number: 220A00017887

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## **COVER LETTER**

TO:	Division of Corporations					
SHRI	F.CT: Children of Haiti and Refugee Projects, Inc.					
3010	Name of Corporation – must include suffix					
Dear S	ir or Madam:					
Affair	nclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its s in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to er the above referenced not for profit corporation to conduct its affairs in Florida.					
Please	return all correspondence concerning this matter to the following:					
	Doron Broman  Name of Person  Children of Haiti and Refugee Projects. Inc.  Firm/Company  501 S.W. 2nd Avenue					
	Name of Person					
	Children of Haiti and Refugee Projects, Inc.					
	Firm/Company					
	ين					
	Äddress					
	Fort Lauderdale, FL 33301					
	City/State and Zip Code					
	doron@modernodev.com					
	E-mail address: (to be used for future annual report notification)					
For fu	orther information concerning this matter, please call:					
Doro	n Broman 305 308-0132					
	Name of Person Area Code Daytime Telephone Number					
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					
Please	ised is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE  0.00 Filing Fee \$\Bigsquare\$\$\$\$78.75 Filing Fee & \$\Bigsquare\$					

## 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 LETHE STATE OF FLORIDA:

(Name of corpo import in langua in the name at p	oration: must include the word "I age as will clearly indicate that is present. "Company" or "Co." may	NCORPORATED" or t is a corporation instear y not be used as a corp	"CORPORATION" or words ad of a natural person or parti- prate suffix by a nonprofit co	s or abbreviation nership if not so prporation.)	is of like containe
(If name unava	ailable in Florida, enter alternate	corporate name adopte	ed for the purpose of transact	ing business in	Florida)
Delaware		<sub>3</sub> 83-30:	57494		
	ntry under the law of which it is				
(I	Date of Incorporation)		(Date of duration, if other	er than perpetua	1)
August 27, 20	020			÷ 1,	35
(Date first cond	lucted affairs in Florida if prior to Avenue, Fort Lauderdale, FL 33	301		to determine pen	illy liabil
		(Principal office stre			9 PH
		Jurrent mailing address			PM 3: 10
· (Purpose(s) of	corporation authorized in home	state or country to be c	arried out in the state of Flor	ida)	
. Name and <u>str</u>	reet address of Florida registe	red agent: (P.O. Box	NOT acceptable)		
Name:	Christine DiFiore-Kirsch				
	14201 W. Sunrise Blvd., Suite	201			
Jinee Address.	Sunrise	FI	orida 33323 (Zip Code)		
	(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 pla designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes relative to the proper and complete performance of my a 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 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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR	RS		
□Chairman	Name: Forrest Broman	□Chairman	Name: Doron Broman
□Vice Chairman	Address: 10205 Collins Avenue #1203	□Vice Chairman	Address: 3330 NE 190th St
□Director	Bal Harbor, FL 33154	₩Director	Aventura, FL 33180
<sup>™</sup> President		□President	
□Vice President		□ Vice President	
☐ Secretary	☐ Treasurer	☐ Secretary	团 Treasurer
□Other:	☐ Other:	□Other:	Other:
□ Chairman	Name: Michael Paylos	□Chairman	Name: Natasha Broman
□Vice Chairman	Address:HB Breed's Hill Road #2	□Vice Chairman	Address: 11 Midhurst Road
<b>₹</b> Director	Hyannis, MA 02601	₩Director	London, UK W139XS
□President		□President	
□Vice President		□Vice President	3. 19
	□Treasurer	□ Secretary	① Treasurer
□Other:	Other:	□Other:	r 3 · · · · · · · ·
□Chairman	Name:Michael Levinson	□Chairman	Name: <u>Cameron Betts</u>
□Vice Chairman	Address:501 SW 2nd Avenue	□ Vice Chairman	Address: <u>P. O. Box 458</u>
<b>X</b> Director	Fort Lauderdale, FL 33301	<b>≭</b> Director	Cummaquid, MA_02637
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□ Secretary	□Treasurer
□Other:	Other:	□Other:	Other:
Non-indexed indi	nt Notice: Use an attachment to report more that violates may be added to the index when filing the state of Chairman, Vice Chairman, or an	your Florida Department	of State Annual Report form.
1.1	Forrest Broman		
14.	(Typed or printed name and capacity	of person signing applica	ition)



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

DELAWARE, DO HEREBY CERTIFY THAT "CHILDREN OF HAITI AND REFUGEE

PROJECTS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACTE

BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION

IS AN EXEMPT CORPORATION.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE SECOND DAY OF JANUARY,

A.D. 2019, AT 2:21 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN

QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY

CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

Authentication: 203932014

Date: 10-24-20



AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHILDREN OF HAITI AND REFUGEE PROJECTS, INC." WAS INCORPORATED ON THE SECOND DAY OF JANUARY, A.D. 2019.





Authentication: 203932014

Date: 10-24-20