

F21000005836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

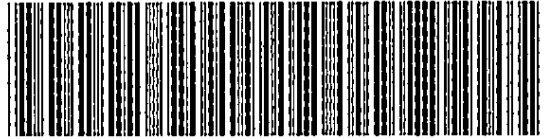
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 07 2021

09/08/21--01021--027 **70.00

OCT 14 2021

M. SOLOMON

2021 SEP 14 11:00 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rossignol En Action 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:

Sonia Becerra

Name of Person

Swyft Filings

Firm/Company

3 Greenway Plaza #1320

Address

Houston, Texas 77046

City/State and Zip Code

Rossignolenaction@gmail.com

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

For further information concerning this matter, please call:

Sonia Becerra

Name of Person

877

at ()

Area Code

777-0450

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

*Already
submitted*

2021 SEP -7 PM 2:15

1-6-21

**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. Rossignol En Action 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.)

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

2. West Virginia

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 11/12/2018

(Date of Incorporation)

5.

(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. 136 ESCALADE LN MARTINSBURG, WV, 25403

(Principal office street address)

(Current mailing address, if different)

8. A non-profit organization dedicated to improve lives of people who live in the locality of Rossignol, Grande Saline, Artibonite (Haiti). Our mission is to make sure the youths of Rossignol have a better life.
(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: Joseph Dugazon

Office Address: 707 Hemenway Dr NE

Winter Haven

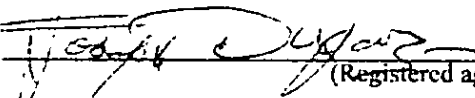
(City)

Florida 33881

(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.

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

A. DIRECTORS

<input checked="" type="checkbox"/> Chairman	Name: <u>Joseph S Pierre</u>	<input type="checkbox"/> Chairman	Name: <u>Vanel Piercilus</u>
<input type="checkbox"/> Vice Chairman	Address: <u>148 E 28th St</u>	<input type="checkbox"/> Vice Chairman	Address: <u>2050 NE 1st Ave</u>
<input type="checkbox"/> Director	<u>Brooklyn, NY 11226</u>	<input type="checkbox"/> Director	<u>Pompano Bch,</u>
<input type="checkbox"/> President	_____	<input checked="" type="checkbox"/> President	<u>FL 33060</u>
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input checked="" type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chairman	Name: <u>DIELSEUL Archille</u>	<input type="checkbox"/> Chairman	Name: <u>GIRDmise DUCLOS</u>
<input type="checkbox"/> Vice Chairman	Address: <u>2634 Ave C SW</u>	<input type="checkbox"/> Vice Chairman	Address: <u>136 OKALOOSA DR</u>
<input type="checkbox"/> Director	<u>Winter Haven</u>	<input type="checkbox"/> Director	<u>WINTER HAVEN</u>
<input type="checkbox"/> President	<u>FL 33880</u>	<input type="checkbox"/> President	<u>FL 33884</u>
<input checked="" type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chairman	Name: <u>DELANO ALTDOOR</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>3 IRONSTONE DR</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input checked="" type="checkbox"/> Director	<u>ROCHESTER, NY 14624</u>	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

State of West Virginia



Certificate

*I, Mac Warner, Secretary of State of the
State of West Virginia, hereby certify that*

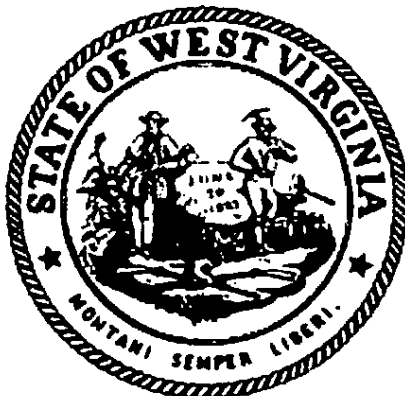
ROSSIGNOL EN ACTION INC

filed an application to be registered as a public corporation in the State of West Virginia. The application was found to conform to law and a "Certificate of Public Corporation" was issued by the West Virginia Secretary of State's Office on November 12, 2018.

I further certify that the public corporation has not been revoked or administratively dissolved by the State of West Virginia nor has a Certificate of Dissolution been issued to the business trust by the West Virginia Secretary of State.

Accordingly, I hereby issue this

CERTIFICATE OF EXISTENCE



*Given under my hand and the
Great Seal of the State of
West Virginia on this day of
August 30, 2021*

Mac Warner

Secretary of State

465640