

F24000005299

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

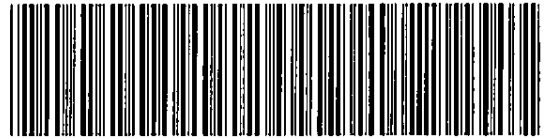
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Special Instructions to Filing Officer:

W24-68548

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2024

ROSELAURE CHARLES  
9301 NW 4TH AVE.  
MIAMI, FL 33150

SUBJECT: LA VOIX DES FEMMES CORPORATION  
Ref. Number: W24000068548

We have received your document for LA VOIX DES FEMMES CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

The title of Advisor for Yvena Nina is not acceptable. Please select a different title.,

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.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 124A00009596

Roselaure Charles  
9301 NW 4th Ave suite #5  
Miami, Florida, 33150  
charles@lavoixdesfemmeshaiti.com  
929 278 27 08  
09/31/ 2024

To Whom It May Concern,

I am writing to follow up on a matter concerning my nonprofit organization La voix des Femmes , which is currently reject by the Florida Corporation Division.

I recently discovered that a letter was sent to me regarding corrections needed for my application. Unfortunately, I never received this letter at my address. It was only after I reached out via email that the letter was scanned and sent to me. I have now addressed the requested corrections and am resubmitting the required documents.

Given the delay caused by this mailing issue, I respectfully request that my case be considered for an expedited review. I have been diligently waiting for your response, and I understand the importance of these corrections for the processing of my application. I would greatly appreciate your assistance in ensuring a timely resolution so that my organization can proceed with its mission.

Thank you for your attention to this matter. Please do not hesitate to contact me if you require any further information.

Sincerely,  
Roselaure Charles  
Presidente  
La Voix des Femmes  
Document number  
W24000068548  
Ein number 86-2922949

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** La Voix des Femmes Corporation  
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:

Roselaure Charles

Name of Person

La Voix des Femmes Corporation

Firm Company

9301 NW 4th Ave Miami FL Suite #5

Address

State Florida 33150

City State and Zip Code

charles@lavoixdesfemmeshaiti.com

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

For further information concerning this matter, please call:

Roselaure Charles

at (

929

278-2708

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  
2601 Executive Center Circle  
Tallahassee, FL 32301

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

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1502, 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. La Verdy des Leagues Corporation

(Name of corporation must include the word "INCORPORATE" 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 of 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. New York

3. 86-2022949

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

(EFT number, if applicable)

4. 03-19-2021

5. N/A

(Date of incorporation)

(Date of duration, if other than perpetual)

6. N/A

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502 F.S. for complete instructions.)

7. 9301 NW 4th Ave Miami Florida 33150 Suite #5

(Principal office street address)

9301 NW 4th Ave Miami Florida 33150

(Current mailing address, if different)

8. Our purpose is to organize events and fundraising here in Florida

(Purposes 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: Rosekane Charles

Office Address: 9301 NW 4th Ave Miami Florida

Miami

(City)

Florida 33150

(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.*



(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.

2021-09-17 3:19

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 type="checkbox"/> Chairman	Name: <u>Roselaure Charles</u>	<input type="checkbox"/> Chairman	Name: <u>Marc Henry Valmond</u>
<input type="checkbox"/> Vice Chairman	Address: <u>9301 NW 4th Ave Miami FL 33150</u>	<input type="checkbox"/> Vice Chairman	Address: <u>9301 NW 4th Ave Miami FL 33150</u>
<input type="checkbox"/> Director	_____	<input checked="" type="checkbox"/> Director	_____
<input checked="" 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: _____
<input type="checkbox"/> Chairman	Name: <u>Joseh Jean Alex</u>	<input type="checkbox"/> Chairman	Name: <u>Olin Valmond</u>
<input type="checkbox"/> Vice Chairman	Address: <u>117-32 165 Street Jamaica NY 11434</u>	<input type="checkbox"/> Vice Chairman	Address: <u>117-32 165 Street Jamaica NY 11434</u>
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input checked="" 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>Onel Dossous</u>	<input type="checkbox"/> Chairman	Name: <u>Yvena Nina</u>
<input checked="" type="checkbox"/> Vice Chairman	Address: <u>5897 Corson Place Lake Worth 33463</u>	<input type="checkbox"/> Vice Chairman	Address: <u>117-32 165 Street Jamaica NY 11434</u>
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input checked="" 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. Roselaure Charles  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ROSELAURE CHARLES  
(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: LA VOIX DES FEMMES CORPORATION  
DOS ID Number: 5967968  
Entity Type: DOMESTIC NOT-FOR-PROFIT CORPORATION  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 03/19/2021

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on March 11, 2024 at 04:27 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes  
Executive Deputy Secretary of State