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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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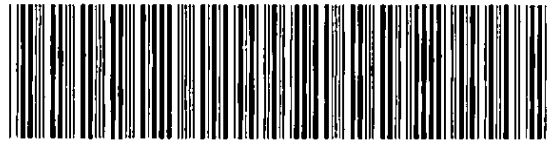
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAITI MOUVEMENT POUR LA PAIX (HAMOPA) INC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Hugues R. Lubin

Name of Person

HAITI MOUVEMENT POUR LA PAIX (HAMOPA) INC

Firm/Company

2621 Taft Street

Address

Hollywood FL 33020

City/State and Zip code

hugues.lubin@gmail.com

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

For further information concerning this matter, please call:

Hugues Lubin

at (516) 5956581

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2024

HUGUES R LUBIN
2621 TAFT ST
HOLLYWOOD, FL 33020

SUBJECT: HAITI MOUVEMENT POUR LA PAIX (HAMOPA) INC
Ref. Number: W24000119720

We have received your document for HAITI MOUVEMENT POUR LA PAIX (HAMOPA) 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):

The registered agent must sign accepting the designation.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 624A00018965

**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.*

1. HAITI MOUVEMENT POUR LA PAIX (HAMOPA) INC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

HAMOPA

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

2. MA

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

3. _____

(FEI number, if applicable)

4. 06/12/2018

(Date of incorporation)

5. 06/12/2018

(Date of duration, if other than perpetual)

6. 08/14/2024

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2612 TAFT STREET HOLLYWOOD FL 33020

(Principal office street address)

2621 TAFT STREET HOLLYWOOD FL 22030

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MICHELINE FRANCOIS

Office Address: 2621 TAFT STREET

HOLLYWOOD

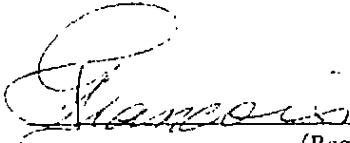
(City)

, Florida 33020

(Zip code)

9. 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 as 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)

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 under the law of which it is incorporated.

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

FILED
2024 OCT 20 PM 3:03
CLERK OF SUPERIOR COURT
JACKSONVILLE, FLORIDA

A. DIRECTORS

☐ Chairman Name: HUGUES LUBIN
☐ Vice Chairman Address: 2621 TAFT STREET STREET HO
☐ Director _____
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: MICHELINE FRANCOIS
☐ Vice Chairman Address: 2621 TAFT STREET HOLLYWO
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: MARC-ARTHUR MESIDORT
☐ Vice Chairman Address: 5628 ROCK ISLAND RD APT 177
☐ Director Tam FL. 33319
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other CLERCK

☐ Chairman Name: FRANTZ TROISSOU
☐ Vice Chairman Address: 145-101 225 STREET JAMAICA
☐ Director M/ 11413
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: JEAN M. ELIONARD
☐ Vice Chairman Address: 179778TH RD N, LOXAHATCH
☒ Director FL. 33412
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

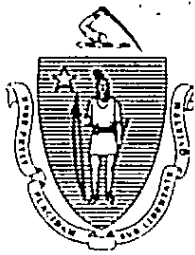
☐ Chairman Name: JOEL TELISMA
☐ Vice Chairman Address: 146-101 225 ST SPRINGFIELD
☒ Director WY 11413
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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.

12. HUGUES R. LUBIN *Hugues R. Lubin*
 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.

13. HUGUES R. LUBIN *Hugues R. Lubin*
 (Typed or printed name and capacity of person signing application)



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: August 12, 2024

To Whom It May Concern :

I hereby certify that according to the records of this office,

HAITI MOUVEMENT POUR LA PAIX (HAMOPA) INC

is a domestic corporation organized on **May 02, 2018**

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 24080136440

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

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