

6658

**LAZARUS CORPORATE FILING SERVICE**

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. HORIZON DE L'ESPOIR, INC. (Corporation Name) (Document #)

2. (HORIZON OF HOPE, INC.) (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED  
00 OCT -6 PM 1:33 RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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10/06/00-01083-004

\*\*\*\*78.75 \*\*\*\*78.75

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

FOR

HORIZON DE L'ESPOIR, INC.

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I NAME:

The name of the corporation shall be:

HORIZON DE L'ESPOIR, INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal and mailing address of this corporation is:

P.O BOX 161298  
MIA FLA 33116

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are):

TO HELP NEEDED CHILDREN AND  
THEIR FAMILIES IN THE RURAL  
AREAS OF THOMASSIN in PORT-AU-  
PRINCE - HAITI (WI)

ARTICLE IV MANNER OF ELECTIONS OF DIRECTORS:

The manner in which the directors are elected or appointed is as follows:

WE HAVE A BOARD OF (5) FIVE  
MEMBERS TAKING CARE OF ALL  
ASPECTS OF THE ORGANIZATION.  
THE DIRECTORS WILL BE ELECTED IN THE  
BY-LAWS

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**ARTICLE V LIMITATION OF CORPORATE POWERS**

The corporate powers of this corporation are as provided the section 617.0302, Florida Statutes, unless limited as follows:

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

KATHELEN DOUYON  
7840 S.W. 160<sup>TH</sup> AVENUE  
MIAMI FL. 33193

**ARTICLE VII DIRECTORS** (must have the minimum of three directors):

KATHELEN DOUYON  
SAGINE D. LAFONTANT  
GLADYS DAVID

P.O. BOX 161298  
MIAMI FL. 33116

**ARTICLE VIII INCORPORATOR**

The name and street address of the incorporator for these Article of Incorporator is:

KATHELEN DOUYON  
P.O. BOX 161298  
MIAMI FL. 33116

The undersigned incorporator has executed these Articles of Incorporation this 5<sup>TH</sup> day of OCTOBER, 2000

Kathelen Douyon  
signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

HORIZON DE L'ESPOIR, INC.

(must include suffix)

2. The name and address of the registered agent and office is:

KATHLEEN DOYON & SAGINE D. LA FONTANT  
7840 S.W. 160TH AVENUE  
MIAMI FL. 33193

(NAME)

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

(CITY/STATE/ZIP)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(SIGNATURE)

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