

NO1000005071

OFFICE USE ONLY

EXPRESS CORPORATE FILING SERVICE INC.  
(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101  
(Address)

CORAL GABLES, FL 33134 305-444-4994  
(City, State, Zip) (Phone #)

OFFICE USE ONLY

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

1. OHPFEA HUMANITARIAN ORGANIZATION TO PROTECT ABANDONED  
(Corporation Name) (Document #)
2. WOMEN AND CHILDREN, CORP.  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in    ☒ Pick up time    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input checked="" 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

RECEIVED DIVISION OF STATE  
 02 JUL -3 PM 12:02 JUL -3 PM 2:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FL 32399

600006200666-7  
 -07/03/02--01048--001  
 \*\*\*\*157.50 \*\*\*\*\*78.75

JUL 13 2002  
 Examiner's Initials

# ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

## ARTICLE I NAME

The name of the corporation shall be:

OH PFEA HUMANITARIAN ORGANIZATION TO PROTECT ABANDONED WOMEN  
AND CHILDREN, CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1807 ADVENTURE PLACE  
NORTH LAUDERDALE, FL 33068

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NON PROFIT ORGANIZATION TO PROVIDE EDUCATIONAL, FINANCIAL,  
SPIRITUAL ASSISTANCE TO ABANDONED WOMAN AND CHILDREN IN  
HAITI.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

BY LAW AND BY MINUTE

## ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

SEE ATTACHMENT.

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

MARIE S. MILORD  
1807 ADV. PLACE  
NORTH LAUDERDALE, FL 33068.

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HOLLY ANTOINE MARIE MILORD: 6 RUE MERISIER, DEL HAS 48, PAP, HAITI

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JUL -3 PM 2:11

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

x Marie S. Milord  
Signature/Registered Agent

7/2/02  
Date

x Holly Antoine Marie Milord  
Signature/Incorporator

7/2/02.  
Date

ARTICLE V.: DIRECTORS/OFFICERS.

- (P/S) HOLLY ANTOINE MARIE MILORD: 6 RUE MERISIER, DELMAS 48, PAP, HAITI
- (T) MARIE S. MILORD: 1807 ADV. PLACE, NORTH LAUDERDALE, FL 33068
- (V) REV. PIERRE SAINTVIL: CURÉ DE LA PAROISSE DE ST. CHARLES, CANEFON HAITI WI
- (D) GUY R. MOUNPOINT: P.O. BOX 1593 MIAMI, FL 33144
- (D) WENNERJN. BAPTISTE: 29 RUE MERCELIN, HAITI, WI
- (D) Dr. Karine Tronillo: Route de Del Mas, Unimed.