

NO3000009105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

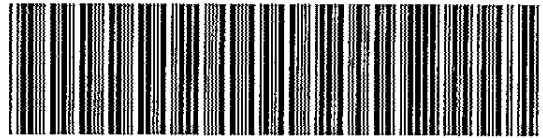
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SECRETARY OF STATE
TALLAHASSEE, FL 32307

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10-20-03
B/er

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: HAITIAN AMERICAN MEDICAL IMPROVEMENT COMMISSION (INC)
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: HENRICH FORTUNE M.D.
Name (Printed or typed)

530 AVENUE S.E WINTER HAVEN FL 33880
614 PAVARE ET
Address

WINTER HAVEN FL 33884
City, State & Zip

863-318-1069
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION

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

03 OCT 14 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

HAITIAN AMERICAN MEDICAL IMPROVEMENT COMMISSION, INC.

ARTICLE II PRINCIPAL OFFICE

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

614 PAVARE CT WINTER HAVEN, FL 33884

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ENVISSION A BETTER HEALTHCARE SYSTEM IN HAITI. CREATE PROGRAMS TO HELP IMPROVE ACCESS TO PRIMARY CARE, PUBLIC EDUCATION ON HIV/AID, HELP DOCTORS TO HAVE ACCESS TO NEW MEDICAL INFORMATION, HELP HEALTHCARE PROVIDERS TO IMPROVE PATIENTS CARE PATIENT SAFETY, ECT.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

BY VOTE BETWEEN THE BOARD OF DIRECTORS

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

DR. HENRICH-FORTUNE C.E.O/President (614 PAVARE CT WINTER HAVEN, FL 33884)
DR. J.C. MCKENZIE VICE-PRESIDENT 409 FIRST STREET SOUTH WINTER HAVEN FL 33880
MS. RACHEL INEUS 1199 EAST 53RD ST. SUITE 1X BROOKLYN NY 11234
DR. MICHELET JEAN JACQUES 409 FIRST ST SOUTH WINTER HAVEN FL 33880
MS. SHERLLY CHARLES PRESIDENT 530 AVENUE L S.E WINTER HAVEN FL 33880

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

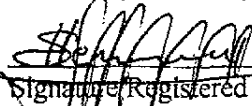
HENRICH FORTUNE
614 PAVARE CT
WINTER HAVEN FL 33884

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HENRICH FORTUNE
614 PAVARE CT
WINTER HAVEN FL 33884

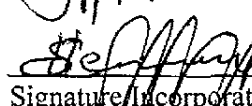
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature Registered Agent

10-09-03

Date



Signature Incorporator

10-09-03

Date