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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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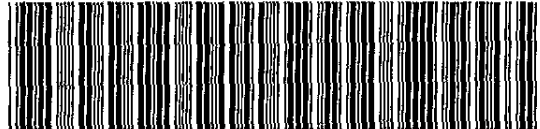
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

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

SUBJECT: HAITIAN AMERICAN ASSOCIATION OF CHARLOTTE COUNTY, IN
(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: JOSEPH G. VINCENT
Name (Printed or typed)

4113 YUCATAN CIRCLE
Address

PORT CHARLOTTE, FL 33948
City, State & Zip

941 624-0743
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: *HAITIAN AMERICAN ASSOCIATION OF CHARLOTTE COUNTY, INC.*

ARTICLE II PRINCIPAL OFFICE

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

*4113 YUCATAN CIRCLE
PORT CHARLOTTE, FLORIDA 33948*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *TO UNITE, HELP AND DO EVERYTHING REASONABLY NECESSARY, SUITABLE, PROPER, CONVENIENT UNDER AND SUBJECT TO THE LAWS OF THE GREAT STATE OF FLORIDA AND TO INSTITUTE, PARTICIPATE, AND OTHERWISE SUPPORT THE HAITIAN Community,*

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

THEY SHALL BE ELECTED AND/OR APPOINTED AS FOLLOWS: THREE MEMBERS WILL BE ELECTED OR APPOINTED FOR ONE YEAR; THREE FOR TWO YEARS AND THREE FOR THREE YEARS. THERE SHALL BE AN ELECTION EVERY YEAR FOR ONE THIRD OF THE BOARD

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

*PRESIDENT, JOSEPH G. VINCENT 4113 YUCATAN CIRCLE, PORT CHARLOTTE, FL 33948
COORDINATOR, JEAN CLAUDE CORVIL 21294 PEACHLAND, PORT CHARLOTTE, FL 33954
SECRETARY, MARIE BAPTISTE 163 SALEM AVE, PORT CHARLOTTE, FL 33952*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*JOSEPH G. VINCENT
4113 YUCATAN CIRCLE, PORT CHARLOTTE, FL 33948*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*JOSEPH G. VINCENT
4113 YUCATAN CIRCLE, PORT CHARLOTTE, FL 33948*

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.

Joseph Vincent
Signature/Registered Agent *JOSEPH G. VINCENT*

3/15/04
Date

Joseph Vincent
Signature/Incorporator *JOSEPH G. VINCENT*

3/15/04
Date