

# N040000009603

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
OCT 11 AM 10:34

me 10/11

## TRANSMITTAL LETTER

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

**SUBJECT:** Haitian Christian Charities 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:** Mark Fisher

Name (Printed or typed)

1799 NE 164th Street Suite 113

Address

North Miami Beach, FL. 33162

City, State & Zip

305-945-2948

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 7, 2004

MARK FISHER  
1799 NE 164TH STREET  
SUITE 113  
NORTH MIAMI BEACH, FL 33162

SUBJECT: HAITIAN CHRISTIAN CHARITIES INC.  
Ref. Number: W04000037071

We have received your document for HAITIAN CHRISTIAN CHARITIES INC. and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$35.00.

Please return the original and one copy of 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) 245-6067.

Neysa Culligan  
Document Specialist  
New Filings Section

Letter Number: 104A00058246

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 OCT 11 AM 10:35

**ARTICLE I NAME**

The name of the corporation shall be:

Haitian Christian Charities Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

c/o Lynx Air PMB P.O. Box 407140 Ft. Lauderdale, FL. 33340

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Non Profit contributions for charity; To serve as missionaries to Haiti and to lead lost souls to a personal relationship to Jesus Christ. To create economic opportunities for the poor and to generate income through agricultural projects. To construct medical clinics and to assist students in education. To house and feed children adults and seniors.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Directors are elected annually.

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

Doctor Travis F. Fisher, M. Div, D. Min, President, Director    Barbara L. Fisher, Vp., Secretary, Treasurer, Director  
Mark I. Fisher, Historian, Director  
c/o Lynx Air PMB P.o. Box 407140 Ft. Lauderdale, FL. 33340

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

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Mark Fisher 2871 Sunrise Lakes Dr. E. #210 Sunrise, FL. 33322

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Mark Fisher 2871 Sunrise Lakes Dr. E. #210 Sunrise, FL. 33322

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*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.*

Mark Fisher  
Signature/Registered Agent

9/29/04

Date

Mark Fisher  
Signature/Incorporator

9/29/04

Date