

N05000001673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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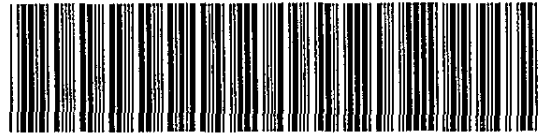
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** ASSOCIATION OF HAITIAN SOCIAL WORKERS, 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:** MYRLENE HOMY

Name (Printed or typed)

445 N.E. 113TH STREET

Address

MIAMI, FLORIDA 33161

City, State & Zip

305-751-6884 / 305-892-2109

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

Association of Haitian Social Workers, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

Meetings: [Barry University School of Social Work, Powers Building Room 133]; Mailing: 2010 N.W. 193rd Terrace, Miami, Florida 33056

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To empower the Haitian community through education, advocacy, and personal development whereby addressing their social issues; and thus connecting them with community resources to enhance their quality of life.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Directors are elected by nomination once seats become vacant, casting of confidential ballots, and candidates with majority votes. Election takes place during the last meeting in the month of November. New officer(s) begin(s) term in January of upcoming year.

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

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

Myrlene Homy	445 N.E. 113th Street, Miami, Florida 33161	Chair
Anneze Barthelemy	2010 N.W. 193rd Street, Miami, Florida 33056	Co-Chair
Dieunane Formul	3722 S.W. 52nd Avenue #202, Hollywood, Florida 33023	Secretary
Lavigne Verty	3722 S.W. 52nd Avenue #202, Hollywood, Florida 33021	Asst. Secretary
Darline Jn-Pierre	1351 N.E. 143rd Street, N. Miami, Florida 33161	Treasurer

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

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

Myrlene Homy 445 N.E. 113th Street, Miami, Florida 33161

**ARTICLE VII INCORPORATOR**

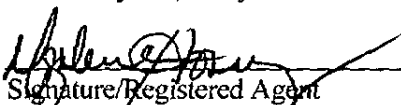
The name and address of the Incorporator is:

Anneze Barthelemy 2010 N.W. 193rd Terrace, Miami, Florida 33056

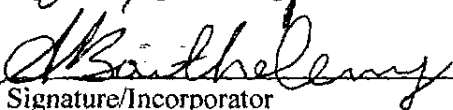
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TALLAHASSEE, FLORIDA

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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.

  
\_\_\_\_\_  
Signature/Registered Agent

2/04/05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

2-4-05  
\_\_\_\_\_  
Date