

NO6000001128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

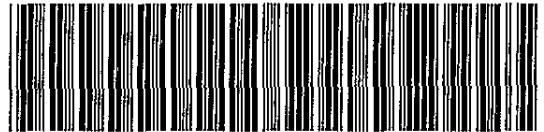
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 30 AM 9:44

MRD
2/3

COVER LETTER

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

SUBJECT: HAITI NEEDS MY HELP, 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: FRANCINOR HYPPOLITE
Name (Printed or typed)

1131 ALABAAM AVE
Address

FT. LAUDERDA LE, FL. 33312
City, State & Zip

954-791-5712
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:
HAITI NEEDS MY HELP, INC.

06 JAN 30 AM 9:44

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
1131 ALABAMA AVE,
FT. LAUDERDALE, FL. 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The general purpose of this organization shall be: Not for profit including and not limited to:
Charitable, Education, Health, Literacy and Scientific with the meaning of section 501 (c) (3) of
Internal Revenue code of 1954 or corresponding provision of any future United States Internal

Revenue Law

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The business of this corporation shall be managed by a board of Directors officers consisting of five
members of the organization. At least one of the director elected or appointed shall be a resident of
the State of Florida and a citizen of United States.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

D / Pres.	Francinor Hyppolite	1131 Alabama Ave, Ft. Lauderdale, FL. 33312
D / V. Pres.	Jean-Claude Piere	Same
D / Treas.	Esther Levasseur	Same
D / As.Sec.	Ezechiel Hyppolite	Same
D / Sec.	Manicia Jean-Mary	Same

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Francinor Hyppolite
1131 Alabama Ave
Ft. Lauderdale, FL. 33312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Francinor Hyppolite
1131 Alabama Ave
Ft. Lauderdale, FL. 33312

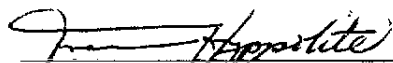
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated
in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*



Signature/Registered Agent

01 / 26 / 2006

Date



Signature/Incorporator

01 / 26 / 2006

Date