

N08000005950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

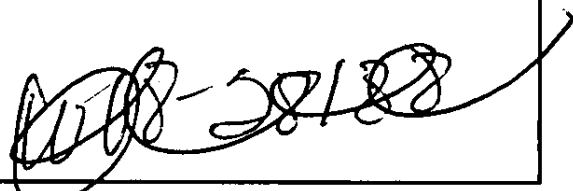
☐ PICK-UP ☐ WAIT ☐ MAIL

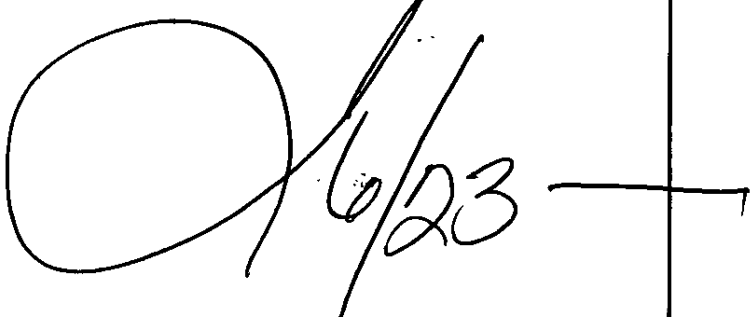
(Business Entity Name)

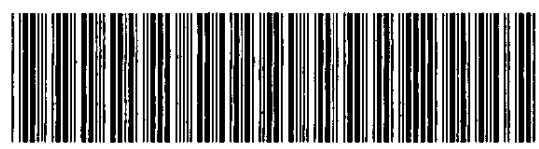
(Document Number)

Certified Copies _____ Certificates of Status _____

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08/09/08--01031--011 **78.75

FILED
08 JUN 23 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: HAITIAN HEALTHCARE SERVICES MISSION, CORP
(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: PIERRE A. AUGUSTIN
Name (Printed or typed)

2880 BIRCH TERRACE
Address

DAVIE, FL. 33330
City, State & Zip

786 553-8585
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2008

PIERRE A. AUGUSTIN
2880 BIRCH TERRACE
DAVIE, FL 33330

SUBJECT: HAITIAN HEALTHCARE SERVICES MISSION, CORP
Ref. Number: W08000028188

We have received your document for HAITIAN HEALTHCARE SERVICES MISSION, CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return 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) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 208A00035651

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

FILED
08 JUN 23 PM 1:32
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

HAITI HEALTHCARE SERVICES MISSION, CORP

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2880 BIRCH TERRACE
DAVIE, FLA 33330

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO COORDINATE HEALTHCARE SERVICES FOR HAITIANS IN HAITI AND ANY AND ALL LAWFUL BUSINESS

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

SELF-APPOINTED AND OR APPOINTED BY CORPORATION FUNDER

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

PIERRE A. AUGUSTIN, DIRECTOR
2880 BIRCH TERRACE
DAVIE, FL 33330
DELCAME LAMOUR-AUGUSTIN, DIRECTOR
2880 BIRCH TERRACE
DAVIE, FL 33330

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

PIERRE A. AUGUSTIN, DIRECTOR
2880 BIRCH TERRACE
DAVIE, FL 33330

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PIERRE A. AUGUSTIN
2880 BIRCH TERRACE
DAVIE FL 33330

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.

Pierre Augustin
Signature/Registered Agent

6/3/08
Date

Pierre Augustin
Signature/Incorporator

6/3/08
Date