N09000006607

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(Requestor's Name)

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(City/State/Zip/Phone #)

[ ] PICK-UP   [ ] WAIT   [ ] MAIL
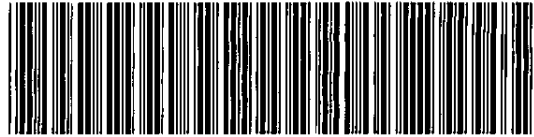
_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

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W09-29280

7/08/09

COVER LETTER

2009 JUL -7 PM 4: 43

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

SUBJECT: *ASSOCIATION OF HAITIAN LIVING A BOAD*
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

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: _MARC GERMILUS_
Name (Printed or typed)

4715 NW 7 STREET APT 204
Address

MIAMI, FL 33126
City, State & Zip

_(786) 318- 4121_
Daytime Telephone number

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2009

MARC GERMILUS
4715 NW 7 STREET
APT. 204
MIAMI, FL 33126

SUBJECT: ASSOCIATION OF HAITIAN LIVING A BOAD
Ref. Number: W09000029280

We have received your document for ASSOCIATION OF HAITIAN LIVING A BOAD and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the corrected 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) 245-6973.

Claretha Golden
Regulatory Specialist II   Letter Number: 909A00021467
New Filing Section

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

ARTICLE I   NAME
The name of the corporation shall be:

ASSOCIATION FOR HAITIAN Living ABROAD, INC.

ARTICLE II   PRINCIPAL OFFICE
The principal **street** address and mailing address, if different is:

4715 NW 7th STREET APT 204 MIAMI, FL 33126

ARTICLE III   PURPOSE
The purpose for which the corporation is organized is:

TO PROVIDE SOCIO-ECONOMIC, EDUCATION, CULTURAL AND CREATING EMPLOYMENT TO THE HAITIAN COMMUNITY OF SOUTH FLORIDA.

ARTICLE IV   MANNER OF ELECTION
The manner in which the directors are elected or appointed:

DIRECTORS SHALL BE ELECTED AS STATED IN THE BY-LAWS.

ARTICLE V   INITIAL DIRECTORS AND/OR OFFICERS
List name(s), address(es) and specific title(s):

(P) MARC GERMILUS 4715 NW 7th ST. APT 204 MIAMI, FL 33126
(VP) JOEL J. TOUSSAINT 13288 NE 6th AVE N. MIAMI, FL 33161
(S) ISMENE METAYER 15405 NE 7th AVE N. MIAMI, FL 33162
(T) EMMANUELA ZEPHYR 1420 NE 137th ST. N. MIAMI, FL 33161

ARTICLE VI   INITIAL REGISTERED AGENT AND STREET ADDRESS
The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

MARC GERMILUS

4715 NW 7th STREET APT 204 MIAMI, FL 33126

ARTICLE VII   INCORPORATOR
The **name and address** of the Incorporator is:

MARC GERMILUS

4715 NW 7th STREET APT 204 MIAMI, FL 33126

****

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.

_____   07/02/09
Signature/Registered Agent   Date

_____   07/02/09
Signature/Incorporator   Date