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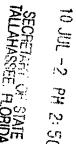
| (Requestor's Name) | | | | | | |
|---|-------------------|------|--|--|--|--|
| (Address) | | | | | | |
| · (Add | dress) | | | | | |
| (City | //State/Zip/Phone | e #) | | | | |
| PICK-UP | MAIT | MAIL | | | | |
| (Bus | siness Entity Nar | ne) | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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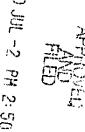
Office Use Only



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06/17/10--01014--014 **78.75





VN - 29336

COVER LETTER

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

| SUBJECT: | CENTRE HUMANITAIRE CHRETIENNE CORP. | | | | | | |
|---|---|---|--|--|--|--|--|
| | (PROPOSED CORPORATE | E NAME – <u>MUST INCLUD</u> | DE 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 | S78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate PY REQUIRED | | | | |
| FROM: NESLY PIERRE Name (Printed or typed) | | | | | | | |
| 184 COMPASS ROSE DR Address | | | | | | | |
| GROVELAND, FL 34736 City, State & Zip | | | | | | | |
| (407)953-6142 Daytime Telephone number | | | | | | | |

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

E-mail address: (to be used for future annual report notification)

CHCLIMBE@YAHOO.COM



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 18, 2010

NESLY PIERRE 184 COMPASS ROSE DR GROVELAND, FL 34736

SUBJECT: CENTRE HUMANITAIRE CHRETIENNE CORP.

Ref. Number: W10000029336

We have received your document for CENTRE HUMANITAIRE CHRETIENNE 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):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 110A00015108

ARTICLES OF INCORPORATION

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

APHOVED FILED

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The name of the corporation shall be:

CENTRE HUMANITAIRE CHRETIENNE CORP.

10 JUL -2 PM 2:50

SECRETATY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

184 COMPASS ROSE DR GROVELAND, FL 34736

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To help needy children in Haiti by providing religious guidance, funds and resources for schools and advancement in career development.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Through election.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Nesly Pierre — 184 COMPASS ROSE DR, GROVELAND, FL 34736 President Marie-Lucie Julot ——184 COMPASS ROSE DR, GROVELAND, FL 34736 Vice- President

Jacques Telus -----184 COMPASS ROSE DR , GROVELAND , FL 34736 Director

Serge Casseus-----184 COMPASS ROSE DR, GROVELAND, FL 34736 Assist Director

<u>ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

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

ANTONIO JOSEPH 7945 REX HILL TRL ORLANDO, FL 32818

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Anne Mercie Gilot 15975 N E 18TH AVE

NORTH MIAMI BEACH ,FL 33162

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

Signature/Pagistered Agent

Anne Mercie GiLot

Signature/Incorporator

Date

Data