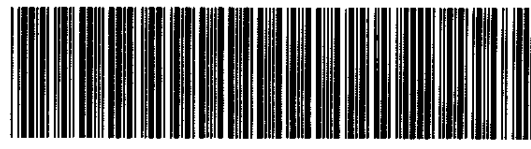


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09/27/10--01017--009 \*\*87.50

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

513-2553-  
w10000045582

10/12/10

FILED  
SECRETARY OF STATE  
DIVISION OF CORP.  
2010 OCT -8 PM 4:00

## COVER LETTER

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

SUBJECT: Voices from Haiti 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: Benny L. Long

Name (Printed or typed)

3114 Starburst Way

Address

Jacksonville, FL 32223

City, State & Zip

904-463-3223

3114 Starburst Way Telephone number

belong320@aol.com

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORP.  
2018 OCT -8 PM 4:00

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
10 OCT -8 AM 10:28  
DIVISION OF CORPORATIONS

September 29, 2010

BENNY L. LONG  
3114 STARBURST WAY  
JACKSONVILLE, FL 32223

SUBJECT: VOICES FROM HAITI  
Ref. Number: W10000045582

We have received your document for VOICES FROM HAITI and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word 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.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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  
New Filing Section

Letter Number: 810A00023162

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2010 OCT -8 PM 4:00

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

**ARTICLE I NAME**

The name of the corporation shall be: Voices from Haiti Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3114 Starburst Way

Jacksonville, FL 32223

2010 OCT -8 PM 4:01  
Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Voices from Haiti Inc is a not-for-profit organization that will serve to provide support and encouragement for faith-based organizations in Haiti using the means of printed and online publications, as well as provide support for Haitian individuals and communities to enable them to become self-sustaining.

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

Directors shall be appointed by incorporator to serve as members of the Board of Directors

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

Name and Title: Linda Highsmith

Address: 3013 Ellis St.  
Brunswick, GA. 31520

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Benny L. Long

Address: 3114 Starburst Way  
Jacksonville, FL 32223

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Benny L. Long

Address: 3114 Starburst Way  
Jacksonville, FL 32223

*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*

Benny L. Long

Required Signature of Registered Agent

10/6/10  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Benny L. Long

Required Signature of Incorporator

10/6/10  
Date