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COVER LETTER

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

SUBJECT: HUMANITARIAN FOUNDATION OF DOCTOR DUFRENY, INC. (HFODD)
(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: Dr. Alphonse G. Dufreny
Name (Printed or typed)

Humanitarian Foundation Of Doctor Dufreny, Inc.
Address

9999 N.W. 2nd Avenue, Suite 214
City, State & Zip

Miami Shores, Florid. 33138
(305) 756-0022 or Fax (305) 756-0022

gigiduf@yahoo.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Humanitarian Foundation Of Doctor Dufreny, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9999 N.E. 2nd Avenue, Suite 214
Miami Shores, Florida. 33138

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To improve living conditions of orphans, abandoned children among the Haitians and others.

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

The manner in which the directors are selected and appointed by vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alphonse G. Dufreny (Pr.)
Address: 9999 N.E. 2nd Avenue, Suite 214
Miami Shores, Florida. 33138

Name and Title: Herly Alexis (VP)
Address: P. O. Box 370476
Miami, Florida. 33137-0476

Name and Title: Gladys Thomas (Sec.)
Address: Latremblay 10 Rte De Malpasse Cx Des Bouquets
Croix Des Bouquets, Haiti. (W.I.)

Name and Title: Elias Bernard (treasury)
Address: Village Solidarite, Rue 3 Prolongee Rte De L'Aeport
Port-Au-Prince, Haiti. (W.I.)

Name and Title: Nadia Bernard
Address: 12 Redwood Circle
Plantation, Florida. 33317

Name and Title: Mona Pervil Ulysse
Address: 182 8th Avenue
Brooklyn, New York, 11215

ARTICLE VI REGISTERED AGENT

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

Name: Dr. Alphonse G. Dufreny
Address: 9999 N.E. 2nd Avenue, Suite 214
Miami Shores, Florida. 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Alphonse G. Dufreny
Address: 9999 N.E. 2nd Avenue, Suite 214
Miami Shores, Florida. 33138

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

Alphonse G. Dufreny

Required Signature of Registered Agent

11/22/2011

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.

Alphonse G. Dufreny

Required Signature of Incorporator

11/22/2011

Date

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