

# NI3000005514

\_\_\_\_\_  
(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



200247487232

06/03/13--01027--009 \*\*43.75

06/18/13--01004--019 \*\*43.75

FILED  
13 JUN 12 PM 2:07  
S. CLAYTON OF STATE  
TALLAHASSEE, FLORIDA

Ref # W-13000031138

COVER LETTER

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

SUBJECT: **REFAT Foundation, 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: **Roseline Polycarpe-Chavannes**  
Name (Printed or typed)

**900 NE 125th Street STE 209**  
Address

**North Miami, FL 33161**  
City, State & Zip

**954-543-1966**  
Daytime Telephone number

**refathaiti@yahoo.com ✓**

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

FILED  
13 JUN 12 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

6/4/13

Reference File #

W-13000031138

Refat foundation, Inc.

ATTN: Mrs. Cushing

The document submitted to me on 5/29/13  
I presumed lost in the mail. I have  
Enclosed a check for \$43.75. to cover  
the shortage and certificate, Filing fee, Certified  
Copy.

Please mail all Document to our  
Mailing Address.  
which is also on the  
filling Documents

P.O. Box 552473  
MIAMI GARDENS, FL 33055

Thank you

Roseline Polycarpe-Chavannes

9/11

951-543-1966



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 29, 2013

ROSELINE POLYCARPE-CHAVANNES  
900 NE 125TH STREET, STE 209  
NORTH MIAMI, FL 33161

SUBJECT: REFAT FOUNDATION, INC.  
Ref. Number: W13000031138

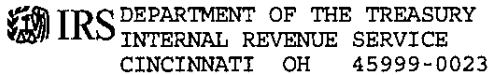
We have received your document for REFAT FOUNDATION, INC. and your check(s) totaling \$43.75. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Diane Cushing  
Regulatory Specialist II Supervisor

Letter Number: 813A00013475



REFAT FOUNDATION INC  
900 NE 125TH ST STE 209  
NORTH MIAMI, FL 33161

Date of this notice: 05-20-2013

Employer Identification Number:  
46-2808687

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-2808687. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it's very important that you use your EIN along with your complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information shown above isn't correct, please send us the correction using the attached tear-off stub.

#### Annual filing requirements

Most organizations with an EIN have an annual filing requirement, even if they engage in minimal or no activity.

A. If you are tax exempt, you may be required to file one of the following returns or notices:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-PF, Return of Private Foundation
- Form 990-N, e-Postcard (available online only)

Additionally, you may be required to file your annual return electronically.

If an organization required to file a Form 990, Form 990-PF, Form 990-EZ, or Form 990-N does not do so for three consecutive years, its tax-exempt status is automatically revoked as of the due date of the third return or notice.

Please refer to [www.irs.gov/990filing](http://www.irs.gov/990filing) for the most current information on your filing requirements.

B. If you are not tax-exempt, you may be required to file one of the following returns:

- Form 1120, U.S. Corporation Income Tax Return
- Form 1041, U.S. Income Tax Return for Estates and Trusts
- Form 1065, U.S. Return of Partnership Income

Please refer to Publication 1635, Understanding Your EIN, for more information about which forms you may be required to file.

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

**ARTICLE I    NAME**

The name of the corporation shall be: REFAT Foundation, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
900 NE 125th Street STE 209

North Miami, FL 33161

Mailing address, if different is:  
P.O. Box 552437

Miami Gardens, FL 33055

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To provide transitional housing and emotional support for women and children in Haiti and South Florida who have become victims of domestic violence as well as sexual, physical abuse and child abandonment. The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as an exempt organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

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

As set forth in the bylaws

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

Name and Title: Roseline Polycarpe-Chavannes Executive Director

Address: 19819 NW 33rd Court  
Miami Gardens, FL 33056

Name and Title: Dary Chavannes, Director of Development

Address: 19819 NW 33rd Court  
Miami Gardens, FL 33056

Name and Title: Gladimir Valcin, Assistant Director of Crisis Services

Address: Cite Lescot # 21  
Cap Haitien, Haiti

Name and Title: Laverne A. Smith, Associate Executive Director

Address: 17359 NW 7th Avenue  
#106  
Miami, FL 33169

Name and Title: Calito Ally, Director of Crisis Services/Shelter

Address: Foujol #38  
Cap Haitien, Haiti

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

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

FILED  
13 JUN 12 PM 2:07  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Roseline Polycarpe-Chavannes

Address: 900 NE 125th Street STE 209

North Miami, FI 33161

FILED  
13 JUN 12 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

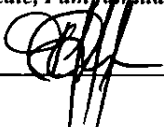
The name and address of the Incorporator is:

Name: Roseline Polycarpe-Chavannes

Address: 900 NE 125th Street STE 209

North Miami, FI 33161

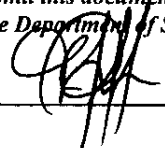
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



\_\_\_\_\_  
Required Signature of Registered Agent

6/4/2013  
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.*



\_\_\_\_\_  
Required Signature of Incorporator

6/4/2013  
Date