

N13000008747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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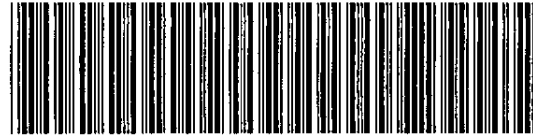
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRP
9/26

original

COVER LETTER

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

SUBJECT: Haiti Mission Of Hope & Welfare 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: Frantz Harris
Name (Printed or typed)
5811 S.W. 24th Avenue
Address
Fort Lauderdale, Florida. 33312
City, State & Zip
954-670-9791
Daytime Telephone number

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: Haiti Mission Of Hope & Welfare Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5811 S.W. 24th Avenue

Fort Lauderdale, Florida. 33312

Mailing address, if different is:

13 SEP 25 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Provide food, shelter, clothing, education, medical care,
medication, hygiene products, transportation, and employment opportunities to adults, families and children within
the Haitian community, both here and abroad.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As stated
Within the BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Frantz Harris, President, C.E.O.

Address: 5811 S.W. 24th Avenue
Fort Lauderdale, FL. 33312

Name and Title: _____

Address: _____

Name and Title: Edline Valcourt, Vice President, C.F.O.

Address: 5811 S.W. 24th Avenue
Fort Lauderdale, FL. 33312

Name and Title: _____

Address: _____

Name and Title: Charles L. Harris, Administrative Assistant

Address: 5811 S.W. 24th Avenue
Fort Lauderdale, FL. 33312

Name and Title: Secretary

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Darryl L. Skirving

Address: 620 N.W. 214th Street Suite 204
Miami Gardens, Florida 33056

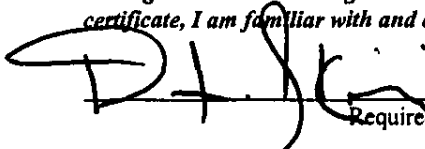
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Frantz Harris

Address: 5811 S.W. 24th Avenue
Fort Lauderdale, Florida. 33312

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

9-18-13

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

9-18-13

Date