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COVER LETTER

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

SUBJECT: Chris Foundation of 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: Myrlande Petion Name (Printed or typed) 14868 NE 6th Ave Apt 4 Address Miami, FI 33161 City, State & Zip 954 213 5603

Daytime Telephone number

myrlandeep@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 The name of th	ne corporation shall be: Chris Found	ation of H	11 Post 2008.
ARTICLE II	PRINCIPAL OFFICE		2014 MAY -2 PM 3: 24
4.40	• —		Mailing address, if different is:
	68 NE 6th Ave Apt 4		And the second s
Mia	ami, Fl 33161		-/04270-
ARTICLE II	I PURPOSE to	help and	create a better environment
for the n	or which the corporation is organized is:	ieve that	all children should have a
			ion would like to express the
	ss of God by contributing i	·· ···································	
goodnoc	or cod by contributing i	11 those K	ido in i i i i i i i i i i i i i i i i i i
<u>ARTICLE IV</u>	The manual by the charity initiator.	unner in which the	e directors are elected and appointed:
appointed	by the charty initiator.		
ARTICLE V	INITIAL OFFICERS AND/OR DI	RECTORS	
	_{e:} Myrlande Petion, Pres.		Dominique Joseph, Vic
Name and Title	14868 NE 6th Ave	Name and Title	13800 NE 3rd ct
Address		Address:	
	Apt 4		Apt 302
	Miami, FL 33161		Miami, FL 33161
Name and Title		Name and Title	Ernst Jasmin, Rep.
Address	14868 NE 6th Ave	Address:	Cap Haitian, Haiti
	Apt 4		
	Miami, FL 33161		
Name and Title	e:	Name and Title	:
Address		Address:	

Name and Title:		Name and Title:	WALCON FALLES
Address _		Address:	2014 MAY -2 PM 3: 24
Name and Title		Name and Title	
			
Address _		Address:	
<i>ARTICLE VI</i> The <u>name and F</u>	REGISTERED AGENT Iorida street address (P.O. Box NOT accep	table) of the registered	agent is:
Name:	Myrlande Petion		
Address:	14868 NE 6th Ave, Ap	t 4	·
	Miami, FL 33161		
ARTICLE VII	INCORPORATOR ddress of the Incorporator is:		
Name:	Myrlande Petion		
Address:	14868 NE 6th Ave, Ap	ot 4	
Address.	Miami, FL 33161	 	
	familiar with and accept the appointment as	s registered agent and	ve stated corporation at the place designated in this agree to act in this capacity
	Hy slande 14	too	04 / 28 / 14
	Required Signature of Registered	Agent	Date
	ument and affirm that the facts stated here nt of State constitutes a third degree felony o		e that any false information submitted in a document 7.155, F.S.
	Hyplando los	ion	04 / 28 / 14
	Required Signature of Incorp	porator	Date