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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S. GILBERT

COVER LETTER

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

SUBJECT: Little Haiti FC 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: **Joann Milord**
Name (Printed or typed)

181 NE 82nd St Ste 100
Address

Miami, FL 33138
City, State & Zip

786-908-3724
Daytime Telephone number

jmilord@ne2p.org
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: Little Haiti FC INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

181 NE 82nd St

Ste 100

Miami, FL 33138

Mailing address, if different from the

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide a traveling soccer club to inner-city youth living in the Little Haiti neighborhood of the City of Miami.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

Directors are elected by majority vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gomez Laleau/ Pres

Address: 181 NE 82nd St

Ste 100

Miami, FL 33138

Name and Title: Mallory Kauderer / VP/Treas

Address: 181 NE 82nd St

Ste 100

Miami, FL 33138

Name and Title: Dave Villano/ VP

Address: 181 NE 82nd St

Ste 100

Miami, FL 33138

Name and Title: _____

Address: _____

Name and Title: Joann Milord/ Sect

Address: 181 NE 82nd St

Ste 100

Miami, FL 33138

Name and Title: _____

Address: _____

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: Haitian American CDC

Address: 181 NE 82nd St Ste 100

Miami, FL 33138

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Joann Milord

Address: 181 NE 82nd St Ste100

Miami, FL 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



Required Signature of Registered Agent

1/15/15

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

1/15/15

Date