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COVER LETTER

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

SUBJECT: Haitian American Democratic Club of Lee County, 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: Beatrice Jacquet

Name (Printed or typed)

226 SE 15th Street

Address

Cape Coral, FL 33990

City, State & Zip

239-878-5898

Daytime Telephone number

Jacquet.b@live.ca

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: Haitian American Democratic Club of Lee County, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
226 SE 15th Street
Cape Coral, FL 33990

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Foster and Promote civic and political, education, knowledge,
engagement and participation.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Dr. Arol Buntzman, President</u>	Name and Title:	<u>Mr. Clifford Delva, 1st Treasurer</u>
Address	<u>12747 Yacht Club Circle</u> <u>Fort Myers, FL 33919</u>	Address:	<u>3751 Metro Parkway</u> <u>Fort Myers, 33916</u>
Name and Title:	<u>Ms. Beatrice Jacquet, 1st Vice President</u>	Name and Title:	<u>Mr. Joel Louis, 2nd Treasurer</u>
Address	<u>226 SE 15th Street</u> <u>Cape Coral, FL 33990</u>	Address:	<u>9200 Coral Gables Road</u> <u>Fort Myers, FL 33967</u>
Name and Title:	<u>Officer Yvon Plancher, 2nd Vice President</u>	Name and Title:	<u>Mr. Mane Lafalaise, Secretary</u>
Address	<u>P.O. Box 1239</u> <u>Fort Myers, FL 33902</u>	Address:	<u>1761 Red Cedar Drive #1</u> <u>Fort Myers, FL 33907</u>

Name and Title: BOD only-Mr. Steve Sherman

Address: 5231-4 Cedar Bend Drive
Fort Myers, FL 33919

Name and Title: BOD only-Mr. Adlain Louise

Address: 4119 18th SW
Lehigh Acres, FL 33976

Name and Title: BOD only-Ms. Roseline Charles

Address: 5626 6th Ave.
Fort Myers, FL 33907

Name and Title: BOD only-Ms. Gerri Ware

Address: 2134 Barden Street
Fort Myers, FL 33910

ARTICLE VI REGISTERED AGENT

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

Name: Beatrice Jacquet
Address: 226 SE 15th Street
Cape Coral, FL 33990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Beatrice Jacquet
Address: 226 SE 15th Street
Cape Coral, FL 33990

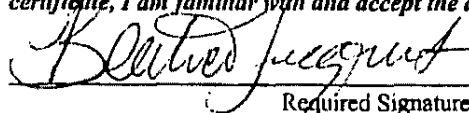
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/11/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

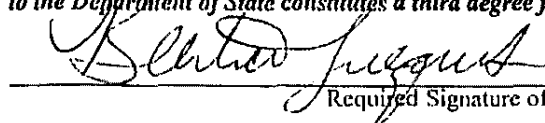


Required Signature of Registered Agent

9/11/2015

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

9/11/2015

Date