

T N15000010930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

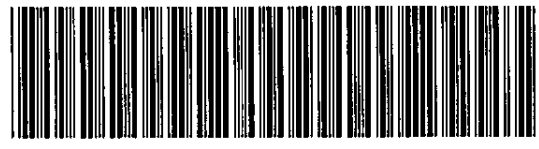
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 NOV -9 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 10 2015
T SCHROEDER

COVER LETTER

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

SUBJECT: GOHAITI, 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: Mr. Pierre Olivier

Name (Printed or typed)

4782 Badger Road

Address

West Palm Beach, FL. 33417

City, State & Zip

(561) 506-3575

Daytime Telephone number

talentpeople96@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 NAME

The name of the corporation shall be: GOHAITI, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4782 Badger Road

West Palm Beach, FL 33417

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the Corporation is exclusively for charitable, educational,
and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt
organizations under section 501(c) (3) of the internal revenue code, or the corresponding section of any future federal tax code,
and herein stated as follows: The organization is being formed to help people with TRANSPORTATION SERVICE, the organization
intends to make it a reality, meaning that get the registration approval from the STATE, tax exemption from IRS, (\$) Monies from
everybody (including our (\$) monies), and some other helps, and etc... from people. Our service will benefit the general public,
we believe this will be accomplished by getting helps, and supports from each and everyone of us.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: by voting / President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Guerda Olivier / Director

Address 4782 Badger Road
West Palm, FL 33417

Name and Title: Patricia Beauveur / Officer

Address: 1499 Forest Hill BLVD # 114
West Palm Beach, FL 33406

Name and Title: President C. Olivier / Director

Address P.O.Box 530801
Lake Park, FL 33403

Name and Title: _____

Address: _____

Name and Title: Paradise Olivier / Director

Address P.O.Box 530801
Lake Park, FL 33403

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL 32310

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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: Pierre Olivier
Address: 4782 Badger Road
West Palm Beach, FL 33417

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Pierre Olivier
Address: 4782 Badger Road
West Palm Beach, FL 33417

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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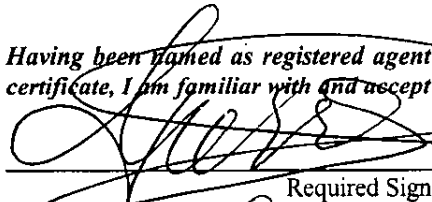
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

11/04/2015
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

11/04/2015
Date