

N16000008929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

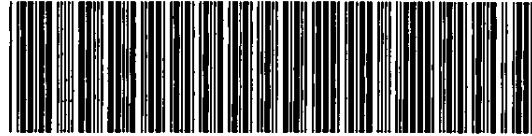
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/11/16--01021--030 **78.75

2016 AUG 11 AM 9:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2016

FRANCOIS-MARIE MICHEL
14221 SUMMERVILLE PLACE
DAVIE, FL 33325

SUBJECT: ASSOCIATION OF HAITIAN NATIONALS FOR HAITI'S
DEVELOPMENT
Ref. Number: W16000057460

We have received your document for ASSOCIATION OF HAITIAN NATIONALS FOR HAITI'S DEVELOPMENT and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 816A00017502

2016 AUG 11 AM 9:59
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
16 SEP -7 AM 10:58
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Association of Haitian Nationals for Haiti's Development, 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: François-Marie Michel

Name (Printed or typed)

14221 Summerville Place

Address

Davie, Florida 33325

City, State & Zip

718-781-1605

Daytime Telephone number

info@anayad.net

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: Association of Haitian Nationals for Haiti's Development, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
14221 Summerville Place

Davie, Fl

33325

Mailing address, if different is:

P.O. BOX 267463

Weston, Fl

33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: [1] to help people of Haitian descent communally reshape their local economy

[2] to develop self-reliant Haitian communities, first in Haitian Diaspora and later on in Haiti

[3] to achieve community development through Job Creation, easy credit to entrepreneurs, and strategic technical consultation

[4] to facilitate cooperation between existing Haitian Organizations wherever they are

[5] to research and implement new ways to enhance functionality, creativity, and harmonious collaboration in general

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: consensus and proxy

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Claudette A. Werleigh, P

Address: 14221 Summersville Place

Davie, Fl

33325

Name and Title: Pierre Lespinasse, O

Address: 1425 Linberg Avenue

Ocean Drive, NY

11572

Name and Title: Bernadette Guirand Léger, VP

Address: 3350 Esplanade Way

Tallahassee, Fl

32311

Name and Title: Allan Leandre, O

Address: 13501 Windy Meadow Lane

Silver Spring, Md

20906

Name and Title: Roger Pierre, Treasurer

Address: 4990 Colony Grove Court

Boynton Beach, Fl

33436

Name and Title: Francois-Marie Michel, O

Address: 144221 Summerville Place

Davie, Fl

33325

2016 AUG 11 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: Sylvie O. Michel, S Name and Title: _____

Address: 14221 Summersville Place Address: _____
Davie, Florida _____
33325 _____

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: François-Marie Michel
Address: 14221 Summersville Place
Davie, Fl. 33325

2016 AUG 11 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: François-Marie Michel
Address: 14221 Summersville Place
Davie, Fl. 33325

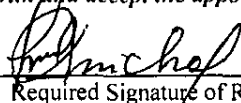
ARTICLE VIII EFFECTIVE DATE:

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

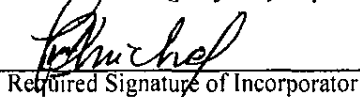


Required Signature of Registered Agent

09/01/2016

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

09/01/2016

Date