

N/6000009895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

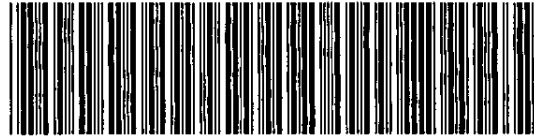
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 OCT - 7 AM 11:08

10/10/16

## COVER LETTER

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

**SUBJECT:** The Rise of 1791 Cultural Association, 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:** Raul De La Campa  
\_\_\_\_\_  
Name (Printed or typed)  
  
444 Brickell Avenue, Suite #51-430  
\_\_\_\_\_  
Address  
  
Miami, FL 33131  
\_\_\_\_\_  
City, State & Zip  
  
(305) 431-7749  
\_\_\_\_\_  
Daytime Telephone number  
  
racampa@bellsouth.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: The Rise of 1791 Cultural Association, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address:

1314 East Las Olas Blvd.

# 1031

Ft. Lauderdale, FL 33301

Mailing address, if different is:

444 BRICKELL AVENUE

SUITE # 51-430

MIAMI, FL 33131

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The primary purpose of this entity is to re-establish the richness of Haitian history from a vast amplitude of resources that will reach out to all the Haitian Diaspora young and old around the world, including in Haiti as well, throughout different phases of educational systems and cultural developments.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: The members meet once a year and by secret ballot choose

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Wesner J. Parisse (President)

Address: 1314 E. Las Olas Blvd. #1031

Ft. Lauderdale, FL 33301

Name and Title: Marly Jean-Louis (Secretary)

Address: 1150 N.E. 140 st

North Miami, FL 33161

Name and Title: Michel Dubuison (V. President)

Address: 17510 N.E. 8<sup>th</sup> Place

Miami, FL 33162

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

16 OCT - 7 AM 11: 08

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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: Wesner J. Parisse

Address: 1314 E. Las Olas Blvd. #1031

Ft. Lauderdale, FL 33301

**ARTICLE VII INCORPORATOR**

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

Name: Wesner J. Parisse

Address: 1314 E. Las Olas Blvd. #1031

Ft. Lauderdale, FL 33301

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**ARTICLE VIII DISTRIBUTION OF ASSETS:**

A plan of distribution of assets must provide that:

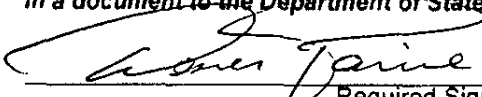
All liabilities and obligations of the corporation be paid and discharged, by reason of the dissolution, be conveyed, which condition occurs returned, transferred, or conveyed in accordance with such requirements; in the following manner.

Assets received and held by the corporation subject to limitations permitting their religious, eleemosynary, benevolent, educational, use only for charitable, or similar purposes, but not held upon a condition requiring return, transfer, or conveyance by reason of the dissolution, be transferred or conveyed to one or more domestic or foreign corporations, trusts, societies, or organizations engaged in activities substantially similar to those of the dissolving corporation, as provided in the plan of distribution of assets in accordance with the bylaws of the corporation and relevant Statutes of the State of Florida.

  
\_\_\_\_\_  
Required Signature of Registered Agent

09-27-16  
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

09-27-16  
Date