

N17000007346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

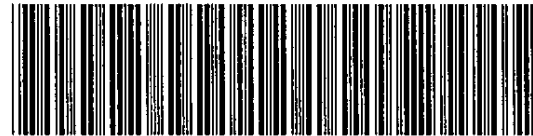
(Business Entity Name)

(Document Number)

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17 JUL 14 PM 1:58  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

W17-051841

07/14/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2017

JHADSA  
401 DOVE DR.  
KISSIMMEE, FL 34759

SUBJECT: JHADSA ORG INT .CORP  
Ref. Number: W17000051841

We have received your document for JHADSA ORG INT .CORP and your check(s) totaling \$88.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

Please return the corrected original and one copy of 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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 217A00012669

CEIVED  
17 JUL 14 PM 12:38  
BUREAU OF CORPORATIONS  
INFORMATION SERVICES

## COVER LETTER

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

**SUBJECT:** JHADSA ORG INT CORP  
\_\_\_\_\_  
(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:** JHADA  
\_\_\_\_\_  
Name (Printed or typed)

401 DOVE DR  
\_\_\_\_\_  
Address

KISSIMMEE FLO 34759  
\_\_\_\_\_  
City, State & Zip

305-600-8533  
\_\_\_\_\_  
Daytime Telephone number

\_\_\_\_\_  
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: JHADSA ORG INT .CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
401 DOVE DR KISSIMMEE FLO 34759

Mailing address, if different is:  
401 DOVE DR KISSIMMEE FLO 34759

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: YOUTH ORGANISATION DEVELOPMENT OF HAITIEN IN ACTION  
YOUTH MISSIONARY FOR HAITI

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

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

Name and Title: GILBERT, FRANCOIS EXECUTIVE ,CE

Address: 401 DOVE DR KISSIMMEE FL 34759

Name and Title: JEANNOT PETIT-FRERE VICE PRES

Address: 448 ANDALUSIA LOOP DAVENPOR

Name and Title: REBECCA OPONT RELATION INT

Address: 423 EAGLE DR KISSIMMEE FLO 34759

Name and Title: MARIE ANDRE LAVILETTE SECRE

Address: 700 COTULLA DR KISSIMMEE 3475

Name and Title: MARIE KETTELY BEAUBRUN FINAN

Address: 401 DOVE DR KISSIMMEE FLO34759

Name and Title: RODOLPHE ZAMOR SPECIAL MEM

Address: 628 ROYALTY CT KISSIMMEE FLO

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: GILBERT FRANCOIS ,EXECUTIVE PR

Address: 401 DOVE DR KISSIMMEE FLO 34759

**ARTICLE VII INCORPORATOR**

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

Name: JHADSA

Address: 401 DOVE DR KISSIMMEE FLO 34759

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: SEPT 11 2005 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

Gilbert Francois

Required Signature of Registered Agent

02/22/2017

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.*

[Signature]

Required Signature of Incorporator

02/22/2017

Date

17 JUL 14 PM 1:59  
STATE  
FLORIDA