

N18 000 005 757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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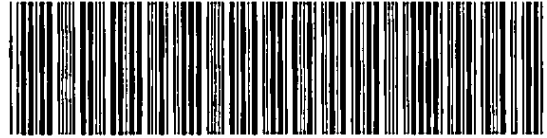
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

MAY 24 2018

COVER LETTER

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

SUBJECT: **Koritek, 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: **Roger Delphin**

Name (Printed or typed)

6198 Adriatic Way

Address

Greenacres, FL 33413

City, State & Zip

(617) 331-4027

Daytime Telephone number

kbeauplan@koritek.org

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: Koritek, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6198 Adriatic Way

Greenacres, FL 33413

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to give every student and person
living in rural areas of Haiti the opportunity to learn computer
operations and take complete advantage of the technology.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____
is set forth in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roger Delphin/President
Address: 6198 Adriatic Way
Greenacres, FL 33413

Name and Title: Kenold Beauplan/Secretary
Address: 1146 NW 19th Ct
Fort Lauderdale, FL 33311

Name and Title: Yvens Charlot/Treasurer
Address: 5630 Weatherford Rd
Fayetteville, NC 28303

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 MAY 21 PM 12:41

FILED

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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: Roger Delphin

Address: 6198 Adriatic Way
Greenacres, FL 33413

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roger Delphin

Address: 6198 Adriatic Way
Greenacres, FL 33413

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

05/16/18
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

05/16/18
Date