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(Re	equestor's Name)	
(Ad	ldress)	
(Ád	idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

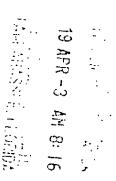
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March 25, 2019

CARLINE BRICE-MESILUS 3479 TUMBLING RIVER DR CLERMONT, FL 34771

SUBJECT: HAVSERVE VOLUNTEER SERVICE NETWORK (HAVSERVE) INC.

Ref. Number: W19000011400

We have received your document for HAVSERVE VOLUNTEER SERVICE NETWORK (HAVSERVE) INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Letter Number: 019A00005803

Keyna E Page Regulatory Specialist II

411.1 7.1 -3 Fr 13

NOT FOR PROFIT CERTIFICATE OF DOMESTICATION

The undersigne	_{ed,} Carline Brice-Mesilus	President	
	(Name)	-	(Title)
f HavServe Volu	unteer Service Network, Inc. (Corporation Name)		_a foreign Corporation
n accordance	with section 617.1803, Florida Statutes, does he	ereby certify:	
1. The date or	n which corporation was first formed was Octo	ober 12	, 2010
•	ction where the above named corporation was t being was Maryland	first formed, inc	orporated, or otherwise
	of the corporation immediately prior to the filin Serve Volunteer Service Network, Inc	_	cate of Domestication
4. The name of	of the corporation, as set forth in its articles of i	ncorporation, to	be filed pursuant to
s. 617.0120	01 and 617.0202 with this certificate is		<u> </u>
HavSen	ve Volunteer Service Network, Inc.		
immediatel 835 Fairvi	tion of the corporation, or any other equivalent by before the filing of the Certificate of Domest iew Ave, Unit #2, Takoma Park, MD 20912 re Florida articles of incorporation to complete 803.	ication was	
am Founde	er, of HavServe Volunteer Se	ervice Netwo	rk, Inc.
ınd am authori	ized to sign this Certificate of Domestication or	n behalf of the co	orporation and have dor
so this the 12	day of		<u>, 2019</u>
	In the second		
			
	(Authorized Signature	e)	: · - 1 6
			A. A
	Cities For		φ.
	Filing Fee: Certificate of Domestication	\$5	0.00
	Articles of Incorporation and Certified	Copy <u>\$7</u>	8.75 II. Ic
	Total to domesticate and file	\$12	8.75 S

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit)

The name of the corporation shall be:				
HavServe Volunteer Service N	letwork. Inc.			
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address shall be: Principal Address 3479 Tumbling River Dr. Clermont, FL 34711	Mailing Address PO Box 784201 Winter Garden, F	L 34	778	
				_
ARTICLE III PURPOSE The purpose for which the corporation is organized: Non-Profit				
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ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors will be elected in the manner as s	·		
in the amended 2019 Bylaws of the organiz	zation.		
		- 73	
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		,204 [][]	

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

The name(s) and address(es) and specific title(s):

Title/Name	Title/Name
Jewel Bazilio-Bellegarde, Chair	Bocchit Edmond, Vice-Chair
14104 Crest Hill Lane	3029 Memory Lane
Silver Spring, MD 20905	Silver Spring, MD 20904
`itle/Name	Title/Name
Solomon Luke, Treasurer	Roseann Lord, Secretary
3313 Vandalia Dr	6534 Quaker Dr
ockville, MD 20853	Pittsburg, PA 15236
/Name	Title/Name
my Mesilus, Member	Christopher Wright, Member
ndra Fathi, Member	Beth Ann Hilton, Member
ge Bellegarde, Member	

The <u>name and Florida street address</u> (P.O. Box NO	T
Carline Brice-Mesilus	r acceptable) of the registered agent is:
3479 Tumbling River Dr.	
Clermont, FL 34711	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the incorporator is:	
Carline Brice-Mesilus	
PO Box 784201	
Winter Garden, FL 34778	
**************************************	process for the above stated corporation at the place designated
Having been named as registered agent and to accept service of in this certificate, I am familiar with and accept the appointmen	process for the above stated corporation at the place designated t as registered agent and agree to act in this capacity.
Having been named as registered agent and to accept service of in this certificate, I am familiar with and accept the appointmen	process for the above stated corporation at the place designated t as registered agent and agree to act in this capacity.