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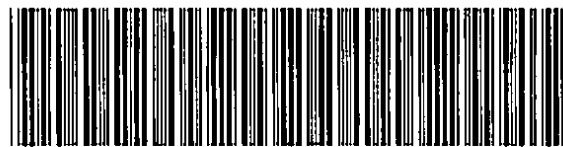
(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 APR 11 AM 11:47

04/11/19--01013--012 \*\*\*67.50

## COVER LETTER

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

**SUBJECT:** ACTION FOR THE ADVANCEMENT AND THE PROGRESS OF HAITI, 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: Fridnot Paulinis  
\_\_\_\_\_  
Name (Printed or typed)

3377 Double Lane  
\_\_\_\_\_  
Address

Jacksonville, FL 32277  
\_\_\_\_\_  
City, State & Zip

904-554-5175  
\_\_\_\_\_  
Daytime Telephone number

info@apaph-haiti.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: ACTION FOR THE ADVANCEMENT AND THE PROGRESS OF HAITI, INC

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

3377 Double Lane

Jacksonville, FL 32277

Mailing address, if different is:

Same as Principal Address

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DIVISION OF CORPORATIONS

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ACTION FOR THE ADVANCEMENT AND THE PROGRESS OF HAITI, INC

INC (APAPH) has been organized as a charitable organization to gather human and financial resources internationally and also from humanitarian organizations in order to provide relief for people in the vulnerable part of Haiti. We will provide education, healthcare, drinking water and welfare to the community. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the Statement of Purpose hereof.

## 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: Ilionet Massillon -President/Chairman

Address: 2930 Charnock Street  
Indianapolis, IN 46229

Name and Title: Fridnot Paulinis -

Address: Treasurer/Registered Agent  
3377 Double Lane  
Jacksonville, FL 32277

Name and Title: Antony Massillon -

Address: Advisor/Technical Support  
9109 Briarchip Street  
Laurel, MD 20708

Name and Title: Marieinthe A. Dorsainvil -

Address: Vice-President/Vice-Chair  
3919 Crystal Lake Dr., #202  
Pompano Beach, FL 33064

Name and Title: Renette Julmiste -

Address: Secretary/Spokesperson  
710 NE 131 St. #B  
North Miami, FL 33161

Name and Title: FRIDNOT PAULINIS Name and Title: \_\_\_\_\_  
Address: 3377 Double Lane Address: \_\_\_\_\_  
Jacksonville \_\_\_\_\_  
FL 32277 \_\_\_\_\_

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

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Fridnot Paulinis  
Address: 3377 Double Lane  
Jacksonville, FL 32277

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Fridnot Paulinis  
Address: 3377 Double Lane  
Jacksonville, FL 32277

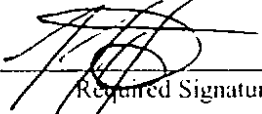
**ARTICLE VIII EFFECTIVE DATE:** 04/08/2019

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 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*

\_\_\_\_\_  
  
Required Signature of Registered Agent  
04/08/2019  
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  
04/08/2019  
Date