

N21000003204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

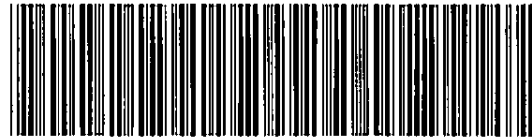
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
SEP 21 2023

Office Use Only



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23 SEP 21 PM 3:32
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FALL AND ASSET, FLORIDA

RECEIVED
2023 SEP 21 PM 2:35
FALL AND ASSET, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dalybay Belgason Foundation, INC.
(Name of Corporation)

DOCUMENT NUMBER: N21000003664

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

~~XXXXXX~~ Dalybay Hyppolite
(Name of Person)

Dalybay Belgason Foundation, INC
(Name of Firm/Company)

633 NE 167th St 813
(Address)

NORTH MIAMI BEACH, FL, 33162
(City/State and Zip Code)

For further information concerning this matter, please call:

Dalybay Hyppolite at (323) 799-8423
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

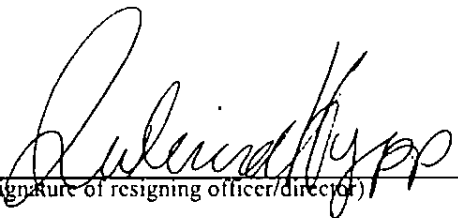
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
23 SEP 21 PM 3:33
TALLAHASSEE, FLORIDA

I, Juline Hyppolite, hereby resign as Vice President
(Title)

of Dalyboy Belgason Foundation Inc.
(Name of Corporation)

N21000003664, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

AFFIDAVIT OF FORGERY

Date: September 21 2023

I. CLAIMANT. I am first duly sworn and state I am:

Name: **Juline Hyppolite**
Address: **16205 Mahogany Dr, Boynton Beach, Florida, 33436**
Phone: **(954) 687-6070**
E-Mail: **Julinehyppoite333@gmail.com**

I am acting as the "Claimant" and was a victim of the following forgery:

II. FORGED INSTRUMENT. The instrument forged is a is best described as: ELECTRONICALLY TYPED/SIGNATURE OR PHYSICAL PRINT/SIGNATURE

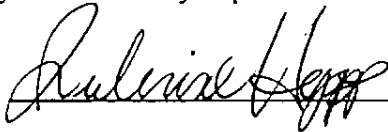
III. FORGERY DESCRIPTION. The forgery was carried out in the following manner: I have no affiliations with the Florida Not For Profit Corporation DALYBOY BELGASON FOUNDATION, INC. Dalyboy Hyppolite forged my name as a VP titled officer to the Florida Not For Profit Corporation DALYBOY BELGASON FOUNDATION, INC. without my knowledge or consent.

IV. POLICE REPORT. At the time of writing this Affidavit, a police report has not been filed although I plan to file in the near future.

V. ACKNOWLEDGMENTS. As the Claimant, I hereby acknowledge the following to be true and accurate:

- a.) I did not receive any part of the proceeds of the instrument listed above. This affidavit is made voluntarily for the purpose of establishing the fact that a forgery occurred;
- b.) I understand this forgery is subject to investigation by local, state, and federal law enforcement agencies. I agree to comply with any requirement to a court order or subpoena to give testimony;
- c.) I understand making a false sworn statement is subject to state and federal statutes and may be punishable by fines and/or by imprisonment.

Claimant's Signature:
Juline Hyppolite



Date:

09/21/23

NOTARY ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which the certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Florida
County of Leon

On September 2, 2023 before me, Cassandra Ann Long, personally appeared Juline Hyppolite who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Florida that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Cassandra Ann Long (Seal)

