1/05/98

FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC PROCESSING MENU

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FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

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DIVISION OF CORPORATIONS 'O:

FAX #: (850)922-4001

--KEY---

ROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ PHONE: (305)599-0839

FAX #: (305)716-0346

IAME: HAITIAN-AMERICAN COMMUNITY SERVICES, INC.

DOC TYPE.....FLORIDA NON-PROFIT CORPORATION PAGES.....

CERT. OF STATUS...1

FAX

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\*\* ENTER 'M' FOR MENU. \*\*

#### ARTICLES OF INCORPORATION

#### FOR

## HAITIAN-AMERICAN COMMUNITY SERVICES, INC.

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Floristatutes, adopts(s) the following Articles of incorporation:

### ARTICLE I NAME

The name of the corporation shall be:

HAITIAN-AMERICAN COMMUNITY SERVICES, INC.

# ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and the mailing address of this corporation shall be:

8226 N. E. 2nd AVENUE Miami, FL 33138

## ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are): to work with senior citizens in helping them enjoy their last years in area of: health, nutrition, recreation and comfort; to provide and or locates employment for the unemployed; provide night classes to adults with deflectency in writing and reading the English language and tutor students; and, provide counseling to battered wifes, children, teen-aged pregancy, psychiatric help and AIDS prevention.

## ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner of election of directors is as stated in the bylaws. The manner in which the directors are elected or appointed is as follows: The following directors have been named temporarily for the purpose of forming the corporation until their successor(s) is (are) elected are:

Claudamise Leveille President 20834 SAN SIMEON WAY/UNIT 66 MIAMI, FL 33179

Antoine Leveille Secretary 20834 SAN SIMEON WAY/UNIT 66 MIAMI, FL 33179

Pierre Charles Treasurer
192 Wimbledon lakes Dr.
Plantation, Florida 33324

Prepared by: Comprehensive Business Services 7001 Biscayne Blvd., 1st Floor Miami, FL 33138 (305) 751-1291

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## ARTICLE V LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Fiorida Statutes, unless limited as follows:

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and the street address of the initial registered agent is:

Claudamise Leveille 20834 SAN SIMEON WAY /UNIT 66 Miami, Fl 33179

## ARTICLE VILINCORPORATORS

The name(s) and street address(es) of the incorporators(s) for these Articles of Incorporation is (are):

Claudamise Leveille 20834 SAN SIMEON WAY/UNIT 66 MIAMI, FL 33179

The undersigned incorporators have executed these Articles of Incorporation this <u>Q2</u> Day of <u>Dec. 144.66.</u>, 1997.

Signature(s) of the Incorporator(s)	
Doudon Sevelle	Claudamise Leveille Typed name of incorporator signing
	Typed name of incorporator signing
	Typed name of incorporator signing

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:	98 98
HAITIAN-AMERICAN COMMUNITY SERVICES, INC.	JAN T
2. The name and address of the registered agent and office is:	ASS.
Claudamise Leveille	
20834 SAN SIMEON WAY/UNIT 66	
Miami, Fl 33179	20 PATE
$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	
SIGNATURY Lan	laner Sevel
TITLE Presidents.	

DATE (1-JA-9

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREED TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION A REGISTERED AGENT.

SIGNATURIL TEXT

DATE 12-22.9