N99000007164

TRANSMITTAL LETTER

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

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SUBJECT: Wission: 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 &	2 \$78.75 Filing Fee	☐ \$87.50 Filing Fee,		
11111119100	Certificate of	& Certified Copy	Certified Copy		
	Status	-	& Certificate		
ADDITIONAL COPY REQUIRED &					
SE T					
10.0 E 10					
FROM: MARK E. HERR.					
FROM: Name (Printed or typed) Name (Printed or typed)					
682 Maitland Ave, St. 4. ST. 4.					
Altamonte Springs, EL 32701					
City, State & Zip					

NOTE: Please provide the original and one copy of the articles.

-159/13/99

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporate Act, hereby adopts the following:

ARTICLES OF INCORPORATION

OF

MISSION: HAITI, INC.

FILED

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SECRETARY OF STATE
ALLAMASSEE, FLORIDA

ARTICLE I - NAME

The complete legal name of the corporation is:

MISSION: HAITI, INC.

ARTICLE II - PRINCIPAL OFFICE

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

7207 Monetary Drive, Orlando, Florida 32809-5753.

ARTICLE III - DURATION

The term of existence of the corporation is perpetual and the corporate existence will commence upon the filing of these Articles by the Department of State, State of Florida.

ARTICLE IV - PURPOSE

The corporation is organized for the purpose of charity, education, and to minister to the spiritual and physical needs of the people in Haiti.

ARTICLE VI - INITIAL REGISTERED AGENT AND ADDRESS

The initial Registered Agent for this corporation is:

GARY L. FINK 921 Glen Abbey Circle, Winter Springs, Florida 32708

ARTICLE VII = DIRECTORS

The number of Directors constituting the initial Board of Directors is to be three

The manner in which directors are elected or appointed is by election of the membership who volunteer and join at its annual meeting. Directors shall serve until successors are elected.

ARTICLE VIII - OFFICERS

The Officers of the Corporation shall be: a Chairperson, one or more Vice Chairpersons, Secretary, and Treasurer. The number of Vice Presidents may be fixed and determined by the Board of Directors, or until their successors are elected and have qualified.

ARTICLE IX - INCORPORATOR(S)

The name and address of the incorporator of this Corporation is:

Name:

<u>Address:</u>

GARY L. FINK

921 Glen Abbey Circle, Winter Springs, Florida 32708

witness whereof, I have subscribed my name on these Articles of Incorporation, this 30 day of August, 1999.

GARY I. FINK, Incorporator

STATE OF FLORIDA COUNTY OF SEMINOLE

BEFORE ME, the undersigned authority, personally appeared GARY L. FINK, who is to me well known to be the person described in, and who produced a Florida Driver License as identification, and who subscribed the above Articles of Incorporation, and he did freely and voluntarily acknowledge before me, and whom did take an oath that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal in said County and State, this 30 day of 4, 1999.

OFFICIAL NOTARY SEAL
AMY N WHEATON
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC838684
MY COMMISSION EXP. JUNE 18,2002

My Commission Expires

e/18/02

REGISTERED AGENT/REGISTERED OFFICE

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

1. The name of the Registered Agent is:

GARY L. FINK, 921 Glen Abbey Circle, Winter Springs, Florida 32708

| ASSESSED | ASSESSE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESTGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE 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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

8/30/99 Date

GARY L. FINE