

PD5000/10088

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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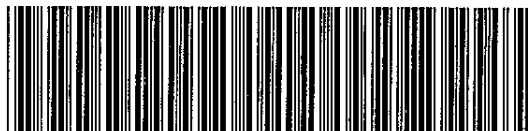
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Karlyn Guirand GAVE
AUTHORIZATION BY PHONE TO
CORRECT *Article I + Article VII*
DATE *8/9/03*
DOC EXAM *MRD*

Office Use Only



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03/08/05--01005--008 **78.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 AUG - 8 AM 11:02

MRD
8/9

TRANSMITTAL LETTER

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

SUBJECT: Comfort Haven Inc. (C.H.I.)
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Harlyn Guirand
Name (Printed or typed)

P.O. Box 695089
Address

Miami, FL 33169
City, State & Zip

(305) 439-1961
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 AUG -8 AM 11:02

ARTICLE I NAME

The name of the corporation shall be:

Comfort Haven INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 695089
Miami, FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide subsidized housing

ARTICLE IV SHARES

The number of shares of stock is: (2)

Kaelyn Guirand / Lesly Cadet

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Kaelyn Guirand - Executive Director
Lesly Cadet - Executive Director

ARTICLE VI REGISTERED AGENT

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

Kaelyn Guirand
1401 N.E. 191 Street, #307
N.M. B. FL 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kaelyn Guirand
1401 N.E. 191 Street, #307
N.M. B. FL 33179

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

Kaelyn Guirand
Signature/Registered Agent

7/21/05
Date

Kaelyn Guirand
Signature/Incorporator

7/21/05
Date