

From:

Division of Corporations

06/11/2013 08:54

#591 P.001/003

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
HAITIAN UNITED GROUP DEVELOPMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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DIVISION OF CORPORATIONS  
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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: HAITIAN UNITED GROUP DEVELOPMENT, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

14 NE FIRST AVE, 2ND FLOOR

MIAMI FL; 33132

Mailing address, if different is:

14 NE FIRST AVE, 2ND FLOOR

MIAMI FL, 33132

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all purpose for a which a  
corporation can be formed.

**ARTICLE IV SHARES**

The number of shares of stock is: 3500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Reginald Abraham/Director

Address: 14 NE FIRST AVE, 2ND FLOOR

MIAMI FL, 33132

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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Address: \_\_\_\_\_

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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(cont.)

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Reginald Abraham  
Address: 14 NE FIRST AVE, 2ND FLOOR  
MIAMI FL, 33132

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Reginald Abraham  
Address: 14 NE FIRST AVE, 2ND FLOOR  
MIAMI FL, 33132

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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5050

*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*

Reginald Abraham  
Required Signature/Registered Agent

6/10/13  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

Reginald Abraham  
Required Signature/Incorporator

6/10/13  
Date