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COVER LETTER

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

SUBJECT: SERVICE HAITI-DIASPORA IMPORT EXPORT, INC
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: PEDRO CASSEUS
Name (Printed or typed)
819 PEACOCK PLZ # 178
Address
KEY WEST, FL. 33040
City, State & Zip
305-896-7664
Daytime Telephone number
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME

The name of the corporation shall be:

SERVICE HAITI-DIASPORA IMPORT EXPORT, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

6500 MALONEY AVE # 11

KEY WEST, FL. 33040

Mailing address, if different is:

819 PEACOCK PLZ #178

KEY WEST, FL. 33040

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO BUY MERCHANDISE AT WHOLESALE AND SALE AT RETAIL,

TO EXPORT AND IMPORT MERCHANDISE, PROFESSIONAL SERVICES, TRANSLATION GUIDE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PEDRO CASSEUS - PRESIDENT

Address: 819 PEACOCK PLZ # 178

KEY WEST, FL. 33040

305-896-7664

Name and Title: CASSEUS
MARIE EVELYNE CIDELUS- ADMINISTRATOR

Address: P.O. BOX 2734

KEY WEST, FL. 33045

305-600-8719

Name and Title: AMBROISE ELDIN- DIRECTOR

Address: P.O. BOX 2703

KEY WEST, FL. 33045

305-747-8081

Name and Title: JAIME LOPEZ- MANAGER

Address: P.O. BOX 2734

KEY WEST, FL. 33045

561-331-7893

Name and Title:

Address:

Name and Title:

Address:

(cont.)

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DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: 2013 SEP -9 PM 2:27
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: CARIDAD R. ALEJANDREZ
Address: 5611 3RD AVE UNIT 6
KEY WEST, FL. 33040

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

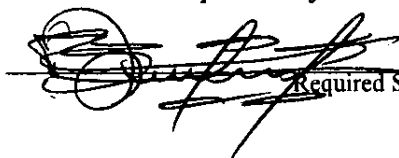
Name: PEDRO CASSEUS
Address: 6500 MALONEY AVE #11
KEY WEST, FL. 33040

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


Required Signature/Registered Agent

08/30/2013
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.


Required Signature/Incorporator

08/13/2013
Date