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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 : UNITED AGENT SERVICES LLC  
Account Number : I20210000087  
Phone : (866) 246-2669  
Fax Number : (520) 333-2793

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

Email Address: compliance@unitedagentservices.com

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2021 OCT 29 AM 8:05

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TALLAHASSEE FL

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**HAITIAN AMERICAN POLITICAL ACTION COMMITTEE, INC.**

Certificate of Status	0
Certified Copy	0
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# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

HAITIAN AMERICAN POLITICAL ACTION COMMITTEE, INC.

The name of the corporation shall be: \_\_\_\_\_

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3001 SW 173rd TER

MIRAMAR, FL 33029

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: POLITICAL ACTION COMMITTEE

## ARTICLE IV SHARES

The number of shares of stock is: 200

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTONIO DUVAL, Director

Name and Title: ANTONIO DUVAL, President

Address

3001 SW 173rd TER

Address:

3001 SW 173rd TER

MIRAMAR, FL 33029

MIRAMAR, FL 33029

Name and Title: ANTONIO DUVAL, Treasurer

Name and Title: ANTONIO DUVAL, Secretary

Address

3001 SW 173rd TER

Address:

3001 SW 173rd TER

MIRAMAR, FL 33029

MIRAMAR, FL 33029

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

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

Address

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

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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: United Agent Services LLC  
Address: 9100 Conroy Windermere Rd #200-UAS  
Windermere, FL 34786

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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Patty Scimmenti  
Address: 221 N Broad St  
Middletown, DE 19709

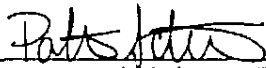
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

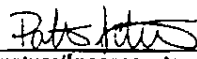
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

 10/28/2021  
Required Signature/Registered Agent 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.*

 10/28/2021  
Required Signature/Incorporator Date