

N14000002683

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Certified Copies _____ Certificates of Status _____

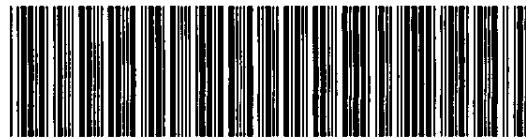
Special Instructions to Filing Officer:

For Jones
AUTHORIZATION BY PHONE TO
CORRECT Incorporated information
DATE 03/20 @ 11:05 am
BDC EXAM [Signature]

Office Use Only

621-

W14000015675



800257624048

03/10/14--01039--002 **78.75

FILED
14 MAR 11 PM 12:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 20 2014

J. B. [Signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2014

MOREL JULES
POST OFFICE BOX 989
FELLSMERE, FL 32948

SUBJECT: HAITI MOSQUITO CONTROL ASSOCIATION, INC.
Ref. Number: W14000015675

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14 MAR 11 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HAITI MOSQUITO CONTROL ASSOCIATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 914A00005303

COVER LETTER

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

FILED
14 MAR 11 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Haiti Mosquito Control Association, 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 &
Certificate of
Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Morel Jules
Name (Printed or typed)

P.O. Box 989
Address

Fellsmere, FL 32948
City, State & Zip

772-696-1123
Daytime Telephone number

moreljules2@gmail.com
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 of
Haiti Mosquito Control Association, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, a majority of whom are citizens of the United States, desiring to form a Non-Profit Corporation under the Non-Profit Corporation Law of Florida, do hereby certify:

Article I Name

The name of the corporation shall be: Haiti Mosquito Control Association, Inc.

Article II Principle Office

The principle place of business and mailing address of the corporation:

Principle street address

13455 79th Street
Fellsmere, FL 32948

Principle mailing address

P.O. Box 989
Fellsmere, FL 32948

Article III Purpose

The purpose for which the corporation is organized is to provide educational programs and training on mosquitoes and the diseases they transmit to support proper mosquito control in Haiti, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Article IV Manner of Election

Directors: The Board of Directors may designate from among its members a President, Vice-President, Secretary, Treasurer and such other officers as it may consider appropriate with such duties as it may prescribe.

Any vacancy occurring on the Board of Directors prior to the expiration of a term shall be filled by such person as shall be appointed by the remaining members of the Board of Directors. A Director so appointed to fill a vacancy shall hold office for the unexpired term of his predecessor in office.

The Board of Directors shall consist of five **(5) members**. Directors need not be residents of the State of Florida. The Board of Directors shall be by appointment of the members of the Board of Directors, which shall occur, except in case of filling vacancies, at each annual meeting thereof. Each Director shall hold office for a term of two (2) years and thereafter until his successor is appointed and qualified. Any person who is a member in good standing in the Association may serve as officer of this corporation.

Article V Initial Directors

Name: Morel Jules Address: PO Box 989 Title: President
Fellsmere, FL 32948

Name: Roxanne Connell Address: 751 W. Ocracoke Sq SW Title: Treasurer
Vero Beach, FL 32968

Name: Flo Jones Address: PO Box 49 Title: Vice President
Floral City, FL 34436

Name: Beth L. Mitchell Address: 13780 101 Street Title: Secretary
Fellsmere, FL 32948

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TALLAHASSEE, FLORIDA

Article VI

This corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of, or in opposition to, any candidate for public office.

Notwithstanding any other provision of these Bylaws, this corporation shall not carry on any activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(C)(3) of the Internal Revenue Code, or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code. No part of the net earnings of this corporation shall inure to the benefit of, or be distributable to its members, Directors or trustees, officers, or other private persons, except that this corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in the furtherance of the purposes of this corporation. Upon dissolution of this corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed for one or more exempt purposes within the meaning of Section (c) (3) of the Internal Revenue Code or shall be distributed to the federal government, or to a state or local government, for public purpose. Such distribution shall be made in accordance with all applicable provisions of the laws of the State of Florida. We would designate Cooperation des Citoyens pour le development Communautaire (COCIDEC).

Article VII Initial Registered Agent

Registered Agent: Morel Jules

Address: 13455 79th St.
Fellsmere, FL. 32948

I accept the designation as Registered Agent. 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.

Registered Agent Signature: Morel Jules Date: 3-4-14

Printed name: Morel Jules

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TALLAHASSEE FLORIDA

Article VIII Name of Incorporator

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

Incorporator Signature: Flo Jones Date: March 4, 2014

Printed Name: Flo Jones

8461 E. Melissa CT
Floral City, FL 34436