

DATE: 11/15/2007 DOCUMENT ID 200731900788

DESCRIPTION
DOMESTIC ARTICLES/NON-PROFIT

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Receipt

This is not a bill. Please do not remit payment.

HANS JEAN CHARLES 4799 GAINSBOROUGH CT. COLUMBUS, OH 43220

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1739752

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

HAITIAN SERVICE FOUNDATION

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

DOMESTIC ARTICLES/NON-PROFIT

200731900788



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 15th day of November, A.D. 2007.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State Central Ohio: (614) 466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)				
Mail For	m to one of the Following:			
O Yes	PO Box 1390			
0 16	Columbus, OH 43216			
*** Requ	ires an additional fee of \$100 ***			
300°	PO Box 670			
≯ No	Columbus, OH 43216			

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Nonprofit) Filing Fee \$125.00

					0	
THE UNDE	RSIGNED HEREB	STATES THE FO	LLOWING:		in the	200
	ONLY ONE (1) BOX				72	2
(1) 🗌 Artic	les of Incorporation	(2) Articles of In	corporation	(3) Articles of Incor	poration Professional	- T
Profit		Non-Profit		(170-ARP)		_
(113-ARF) (114-ARN)		Profession	- 4° _	4		
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					77	~
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Complete u	ne general informatio	n in this section for	те вох спескев	above.	<u>ार्</u>	<u>~</u>
FIRST:	Name of Corporati	on <u>Haitian</u>	Service Founda	tion		
OF COND.	1	0.1				
SECOND:	Location	Columbus	_	Franklin		
		(City)		(County)		
Effective D	ate (Optional)	11/15/2007	Nate enecitied co	n be no more than 90 days afte	ar data of filing. If a data	ie ensaitied
	(- p)	(mm/dd/yyyy)		a date on or after the date of fi	•	is specified
					•	
Check I	here if additional pr	ovisions are attac	hed			
C	Indo	41 TE				
THIRD:		corporation is forme		g this section is optional if bo	х (1) із спескеа.	
mine.	ruipose foi willon	corporation is form	au au			
	A voluntary non-pri	ofit organization pro	viding a network	of services and programs	to Haitian Americans	and immi
	6					
	from many faiths.	The foundation will	provide immigrat	tion assistance; medical, h	ousing and food assi	stance;
	remedial education	and English langu	age developmen	t; computer literacy; emplo	oyment assistance and	d counseli
	cultural integration	volunteer recruitm	nent and training.			
<u> </u>		····	 			
Complete th	e information in this	section if box (1) or	(3) is checked.			
COURTIL	The month of the					
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WITH OIL OF	presented and their	vai value ii aliy)	(No. of Shares)		0 (Par Vali	
(Refer to in	structions if needed)		(190. Or Strates)	(Type)	(Par Val	10)
,						

Complet	ting the information is	n this section is option	nal	·····	
				vho are to serve as initial	Directors.
	Daniel Paul				
	(Name)				_
	5357 Yorkshire Te				_
	(Street)	NOTE:	P.O. Box Addresses are N	IOT acceptable.	
	Columbus		Ohio	43232	
	(City)		(State)	(Zip Code)	
	Marc Pierre				
	(Name)				
	190 England Street (Street)		P.O. Box Addresses are N	MOT accontable	_
	(00000)	MO/E:	P.O. DUX Addresses are n	Ю г ассериале.	
	Pickerington		Ohio	43147	_
	(City)		(State)	(Zip Code)	
	Wendy Gilbert				<u> </u>
	(Name) 3651 Lifestyle Boul	evard			
	(Street)		P.O. Box Addresses are N	iOT acceptable.	_
	Columbus		Ohio	43219	
	(City)		(State)	(Zip Code)	
represe) by an authorized ntative iee Instructions)	Daniel Paul (Print Name) 5357 Yorkshire To			
		Authorized Repre	<u>Albert</u> sentative		11/13/07 Date
		(Print Name) 3651 Lifestyle Blv Columbus, Ohio 4			
		Of a control of the c	2 Lieur sentative	l	11/12/200
		·			
		Marc Pierre (Print Name)			
		190 England Stre	et		

532

Pickerington, OH 43147

Complete the information in thi	s section if box (1) (2) or (3) is checke	d.	
ORIGII	NAL APPOINTMENT (OF STATUTOR	Y AGENT
The undersigned heing at lea	st a majority of the incorporators of	HAITAN SERVICE F	OUNDATION
	be statutory agent upon whom any		
statute to be served upon the	corporation may be served. The con	nplete address of the age	nt is
HANS JEAN CHARL	E\$		
(Name)		A	•
4799 Gainsborough (Ot.		
(Street)	NOTE: P.O. Box Addresses are NOT acc	ceptable.	
Columbus	Ohio	43220	
(City)	,0110	(Zip Code)	•
	- ACI		
Must be authenticated by an authorized representative			11/13/2007
authorized representative	Authorized Representative		Date
	<i>a O</i>		
			1
	class fie	1 . 1	11/12/2007
	Authorized Representative		Date
	·		
	1 20 11 1		
	Works Sills A		11/13/07
	Authorized Representative		Date /
	ACCEPTANCE OF A	PPOINTMENT	
The Undersigned,	HANS JEAN CHARLES		, named herein as the
Statutory agent for, , hereby acknowledges and ac	Haitian Service Foundation	gent for said entity.	
	Signature: Mullimundell	under	
	Signature: William (Statutor		
			
	<i>I</i> - ()		