

N12000007614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

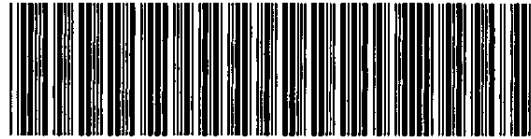
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF FLORIDA  
FALLAHASSEE

08/07/12

**COVER LETTER**

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

SUBJECT: The Have Hope Network  
(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: Robert Rivera  
Name (Printed or typed)

361 Gulf View Drive  
Address

Miramar Beach, Fl, 32505  
City, State & Zip

850-357-3436  
Daytime Telephone number

HaveHopeNetwork@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**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: The Have Hope Network Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
361 Golf View Dr.  
Miramar Beach, Fl.  
32505

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Have Hope Network Inc. is a charitable organization that is currently web-based. http://thehavehopenetwork.org. We provide resources for At-Risk Youth + Ex-Offenders and desire donor support to create housing units for these individuals.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

Election of a nominee shall be by at least two-thirds 2/3 affirmative vote of the members of the board of directors.

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

Name and Title: Robert Rivera - Executive Director Name and Title: \_\_\_\_\_  
Address: 361 Golf View Dr. Address: \_\_\_\_\_  
Miramar Beach, Fl, 32505

Name and Title: Wanda Rivera - Director Name and Title: \_\_\_\_\_  
Address: 361 Golf View Drive Address: \_\_\_\_\_  
Miramar Beach, Fl, 32505

Name and Title: Marisol Rivera - Director Name and Title: \_\_\_\_\_  
Address: 115 Christina Landing Dr. Address: \_\_\_\_\_  
#501  
Wilmington, DE 18910

**ARTICLE VI REGISTERED AGENT**

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

Name: Robert Rivera  
Address: 361 Golf View Dr.  
Miramar Beach, Fl  
32505

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert Rivera  
Address: 361 Golf View Dr.  
Miramar Beach, Fl  
32505

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

Robert Rivera

Required Signature of Registered Agent

8/2/12

Date

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.

Robert Rivera

Required Signature of Incorporator

8/2/12

Date