

N17000007695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

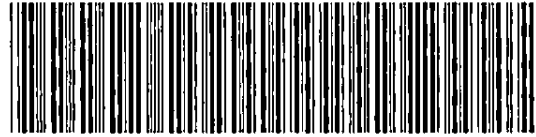
(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
17 JUL 25 PM 3:49

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TALLAHASSEE, FLORIDA
2017 JUL 25 PM 3:30

COVER LETTER

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

SUBJECT: 7 Renewing Life of Hope Global International
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
Outreach Ministry

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: Dorothy M. Abraham
Name (Printed or typed)

5401 Claraona Key Blvd
Address

Orlando FL 32808
City, State & Zip

407 486 3089
Daytime Telephone number

renewinglifeofhope316@yahoo.com
E-mail address: (to be used for future annual report notification)

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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: 7 Renewing Life of Hope Global International
outreach ministry Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

5401 Clarcona Key Blvd. P.O. Box 602931
Orlando FL 32810 Orlando FL ~~32810~~ 32860

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To house women of domestic
violence so that no one can be turn away
due to over occupancy and educate families
and bring awareness and help the children places
to do this expedie will have credit course
with state when leaving the Ministry

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As provided
in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Betty Beamon President Name and Title: _____

Address 5401 Clarcona Key Address: _____
Bldg. Apt 117
Orlando FL 32810

50 Founder Name and Title: Dorothy Abraham Name and Title: _____

Address 5401 Clarcona Key Address: _____
Bldg. Apt 117
Orlando FL 32810

P Name and Title: Kimberly Abraham Name and Title: _____

Address 5401 Clarcona Key Address: _____
Bldg. Apt 117
Orlando FL 32810

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Dorothy M. Abraham Founder CEO

Address: 5401 Clarcona Key Blvd Apt 117
Orlando FL 32808

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dorothy M. Abraham

Address: 5401 Clarcona Key Blvd Apt 117
Orlando FL 32808

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 25 2017 (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

Dorothy M. Abraham

Required Signature of Registered Agent

7-25-2017

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.

Dorothy M. Abraham

Required Signature of Incorporator

7-25-2017

Date