

N20000006744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

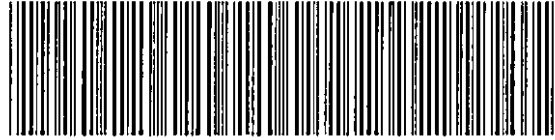
(Business Entity Name)

(Document Number)

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2020 JUN 22  
Assembly



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 06/22/2020

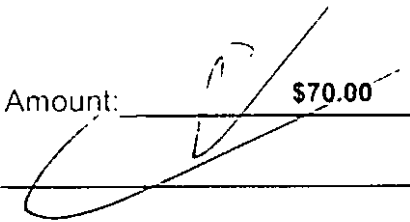
Name: Chris Vick

Reference #: 1234077

Entity Name: SMALL HOPE BAY FOUNDATION, INC.

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other \_\_\_\_\_

Authorized Amount: \$70.00

Signature: 

**CORPORATE HQ**  
COGENCY GLOBAL INC.  
10 E 40TH ST, 10TH FL  
NY NY 10016  
D: +1.212.947.7200  
P: 800.221.0102  
F: 800.944.6607

**EUROPEAN HQ**  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES,  
REGISTRY #501972  
6 LLOYDS AVE, UNIT 4CL  
LONDON EC3N 3AX  
+44 (0)20.3961.3080

**ASIA PACIFIC HQ**  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
UNIT B, 1/F, LIPPO LEIGHTON TOWER  
103 LEIGHTON RD, CAUSEWAY BAY  
HONG KONG  
P: +852.2682.9633  
F: +852.2682.9790

## COVER LETTER

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

**SUBJECT:** Small Hope Bay Foundation, 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:** Timothy P. O'Brien  
\_\_\_\_\_  
Name (Printed or typed)

330 North Wabash Avenue, Suite 2800  
\_\_\_\_\_  
Address

Chicago, IL 60611  
\_\_\_\_\_  
City, State & Zip

312.876.6594  
\_\_\_\_\_  
Daytime Telephone number

ecmelvin@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** Small Hope Bay Foundation, Inc.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address: 1126 South Federal Hwy. _____ Ste. 448 _____ Fort Lauderdale, FL 33316 _____	Mailing address, if different is: _____ _____ _____
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**ARTICLE III PURPOSE** exclusively for charitable and educational purposes within the meaning of  
The purpose for which the corporation is organized is: \_\_\_\_\_  
§ 501(c)(3) of the Internal Revenue Code of 1986, as now in effect or as may hereafter be amended (the "Code"). The purposes for  
which the Corporation is formed are to improve the education of youth on Andros Island in the Bahamas and protect the marine  
ecosystem of Andros Island and all other charitable and educational purposes permitted under § 501(c)(3) of the Code. Through  
education and conservation efforts, the Corporation seeks to improve the economic well-being of the people on Andros Island.  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: As stated by Bylaws  
\_\_\_\_\_

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

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

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F.L. CO.

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: COGENCY GLOBAL INC.

Address: 115 North Calhoun Street, Suite 4  
Tallahassee, FL 32301 (Leon County)

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jeffrey Birch

Address: 1126 South Federal Hwy., Ste. 448  
Fort Lauderdale, FL 33316

**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 as the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Brian Lincoln Aest. Secy  
Required Signature of Registered Agent

6-22-20  
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.

[Signature]  
Required Signature of Incorporator

6/22/2020  
Date