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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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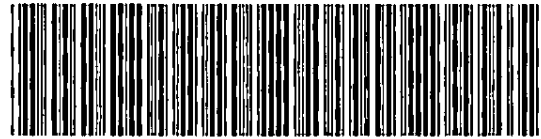
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Harvest of Hope Ministries Inc  
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Martha Hernandez  
Name of Person

Firm/Company

VERO Green Apartments  
2255 68<sup>th</sup> Sq. Apt. G-106  
Address

VERO Beach FL 32966  
City/State and Zip Code

dhernab6121@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha Hernandez at (201) 747-1511  
Name of Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:

1. Harvest of Hope Ministries Inc.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like  
import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained  
in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY 3. 47-2352451  
(State or country under the law of which it is incorporated) (F.I.I. number, if applicable)
4. 12-22-14 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2655 168<sup>th</sup> Sq., Apt. G-106 VERO Beach, FL 32966  
(Principal office address)

Same As Above

(Current mailing address, if different)

8. To service + help the less fortunate + homeless with whatever we can.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) *Ex: clothes, toiletries, food, furniture, toys, etc.*

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: MARtha HERNANDEZ

Office Address: 2655 168<sup>th</sup> Sq., Apt. G-106  
VERO Beach, Florida 32966  
(City) (Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place  
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I  
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my  
duties, and I am familiar with and accept the obligations of my position as registered agent.*

Martha Hernandez  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to  
the Department of State, by the Secretary of State or other official having custody of corporate records in the  
jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: N/A

Address: \_\_\_\_\_

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: N/A

Address: \_\_\_\_\_

Director: N/A

Address: \_\_\_\_\_

**B. OFFICERS**

President: Martha HERNANDEZ

Address: 2655 68<sup>th</sup> Sq, Apt. G106, VERO Beach, FL 32966

Vice President: Has not been determined.

Address: \_\_\_\_\_

Secretary: Nicole M. Tolentino

Address: 6402 Liberty Avenue, North Bergen, NJ 07047

Treasurer: David O. Hernandez

Address: 2655 68<sup>th</sup> Sq, Apt. G106, VERO Beach, FL 32966

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Martha Hernandez  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Martha Hernandez, President  
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**HARVEST OF HOPE MINISTRIES, INC.**  
0101035139

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on December 02, 2014.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

MARTHA HERNANDEZ  
6402 LIBERTY AVENUE  
NORTH BERGEN, NJ 07047



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
15th day of March, 2018

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio  
Acting State Treasurer

10 APR 16 PM 49  
RECEIVED  
TREASURY  
DIVISION

Certificate Number : 6086781781

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)