

FA 00000003949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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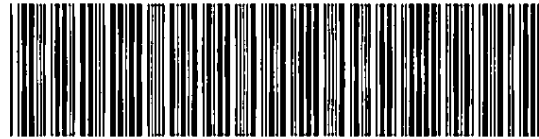
(Business Entity Name)

(Document Number)

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

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STATE OF FLORIDA  
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9/14/20



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Taylor County Project HOP2E INC dba Project HOP2E  
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:

Walesca Marrero

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Name of Person

Project HOP2E

---

Firm/Company

---

17 Mulberry Circle

---

Address

Crawfordville Florida, 32327

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City/State and Zip Code

Walesca2003@gmail.com

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E-mail address: (to be used for future annual report notification)

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 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Walesca Marrero at ( 304 ) 290-9432  
 Name of Person Area Code Daytime Telephone Number

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

**Street Address:**  
 Registration Section  
 Division of Corporations  
 The Centre of Tallahassee  
 2415 N. Monroe Street, Suite 810  
 Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

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

**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. Taylor County Project HOP2E, 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.)

Taylor County Project HOP2E, INC. DBA Project HOP2E, INC

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

2. West Virginia 3. 20-5267905  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 23, 2007 5. N/A  
(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. 17 Mulberry Circle, Crawfordville, FL 32327  
(Principal office street address)  
\_\_\_\_\_  
(Current mailing address, if different)

8. Outreach services: food pantry, farm share, congregate meal location, food boxes, emergency response supplies and other.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

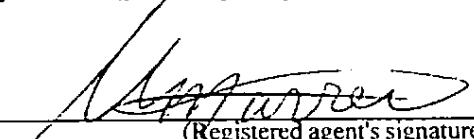
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Walesca Marrero

Office Address: 17 Mulberry Circle  
Crawfordville, Florida 32327  
(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.*

  
\_\_\_\_\_  
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

Chairman Name: Paul Marrero  
 Vice Chairman Address: 17 Mulberry Circle, Crawfordville  
 Director Florida 32327  
 **President** Paul Marrero  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Kenny Manning  
 Vice Chairman Address: 8406 Gabby Lane  
 Director Tallahassee FL 32305  
 President \_\_\_\_\_  
 **Vice President** \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

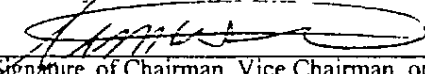
Chairman Name: Loren Rutulante  
 Vice Chairman Address: 851 Dateland RD SE  
 Director Palm Bay Florida 32909  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  **Treasurer**  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Angie Childers  
 Vice Chairman Address: 92 Shawn Whale Rd  
 Director Crawfordville, FL 32327  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 **Secretary**  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Walesca Marrero  
 Vice Chairman Address: 17 Mulberry Circle  
 **Director** Crawfordville, FL 32327  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 **Secretary**  Treasurer  
 Other: \_\_\_\_\_  **Other:** \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

14. Walesca Marrero  
(Typed or printed name and capacity of person signing application)

# State of West Virginia



## Certificate

*I, Mac Warner, Secretary of State of the State of West Virginia, hereby certify that*

**TAYLOR COUNTY PROJECT HOP2E, INC.**

was incorporated under the laws of West Virginia and a Certificate of Incorporation was issued by the West Virginia Secretary of State's Office on March 23, 2007.

I further certify that the corporation has not been revoked or administratively dissolved by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Dissolution to the corporation.

Accordingly, I hereby issue this Certificate of Existence

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### CERTIFICATE OF EXISTENCE

Validation ID:6WV42\_JQXRM



*Given under my hand and the Great Seal of the State of West Virginia on this day of*

*August 20, 2020*

*Mac Warner*

*Secretary of State*

Notice: A certificate issued electronically from the West Virginia Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Validation Page of the Secretary of State's Web site, <https://apps.wv.gov/sos/businessentrysearch/validate.aspx> entering the validation ID displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate.