N03000003834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400016676214

04/30/03--01123--008 **87.50

2003 APR 30 PM 3:35

5-7-03

TRANSMITTAL LETTER

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

SUBJECT: OPERATION HELP COMMUNITY 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: PRINCE SUNDAY EDEMIDIONG
Name (Printed or typed)

205 S.W. AVE B UNIT #3
Address

BELLE GLADE, FL. 33430
City, State & Zip

561-996-3176
Daytime Telephone number

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: OPERATION HELP COMMUNITY FOUNDATION, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

205 S.W. AVE B UNIT #3
BELLE GLADE, FL. 33430

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: I. TO CONVERT PRIVATE AND PUBLIC RESOURCE INTO AN APPARATUS THAT WILL ENCOURAGE AND SUPPORT MANKIND THROUGH ECONOMIC/SEL INDEPENDENCY OF THE POOR AND HELPLESS MIGRANT OF OUR COMMUNITY. II. TO PROVIDE HUMANITERIA. SOCIAL SERVICES TO THE POOR, NEEDY AND DISABLED MEMBERS OF OUR COMMUNITY WHOSE SITUATION H EVENTUALLY LED TO SUBSTANCE ABUSE AND HOMELESSNESS. III. TO PROVIDE REFERAL SERVICES SUBSTACE ABUSE IX. HALFWAY HOUSE AND DETOXIFICATION. IV. TO PROVIDE SERVICES FOR GED/AC

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: AS STATED IN THE BY-LAWS.

COMMITMENT TO THE CORPORATION'S MISSIONS AND PURPOSE. EDUCATIONAL QUALIFICA EXPERIENCE IN MAJOR SOCIAL SERVILE ISSUES → HOMELESSNESS, HEALTHCARE DISABILITY, ELDERLY ISSUES, COMMUNITY-BASED PROGRAMS AND OTHERS.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

PRINCE SUNDAY EDEMIDIONG — PRESIDENT.
340 S.W 2ND DR. BELLEGLADE, FL. 33430

NATALYL S. EDEMIDIONG — VP.
340 S.W. 2ND DR. BELLEGLADE, FL. 33430.

REBECA CONSTABLE — TREASURER
1029 MISSISSIPPI AVE; CLEWISTON, FL. 33444

KINGSLEY S. EDEMIDIONG — SPOKESMAN
205 SW. AVE B UNIT #3. BELEGLADE, FL. 33430

ABIGAIL S. EDEMIDIONG — SECRETARY
205 S.W. AVE B UNIT #3. BELLE GLADE, FL. 33

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The **name and Florida street address** of the registered agent is:

PRINCE. SUNDAY EDEMIDIONG
340 S.W 2ND DR. BELLE GLADE, FL. 33430

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

PRINCE. SUNDAY EDEMIDIONG
340 S.W. 2ND DR. BELLE GLADE, FL. 33430

FILED
2003 APR 30 P 3:38

****

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.

Signature/Registered Agent
Prince Sunday Edemidiong
Date 3/15/2003

Signature/Incorporator
Prince Sunday Edemidiong
Date 3/15/2003