

N05000004814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

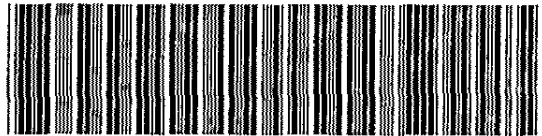
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DIVISION OF CORPORATIONS
05 MAY 10 PM 3:15

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
05 MAY 10 PM 2:08

J. Shivers MAY 10 2005

TRANSMITTAL LETTER

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

SUBJECT: HOPE Center for Human Services
(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: Tracy Whited
Name (Printed or typed)

3204 HARDY RD
Address

Tallahassee, FL 32305
City, State & Zip

850-454-4879
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 10 PM 3:15

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:

HOPE Center for Human Services Inc.

ARTICLE II PRINCIPAL OFFICE

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

1353 E Lafayette St Mailing Address
Tallahassee, FL 32301 P.O. box 182529
Tallahassee, FL 32318

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This company has been structured to provide much needed medical assistance, transportation, screening, preventive health assessment and planning, financial assistance and family support services in indigent urban communities and/or Certified Rural Areas.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: The officers of this corporation will be carefully selected by an Executive Trustee Panel and based on passion for area and prerequisite qualifications. Background, Credit, and Financial Reporting will be gathered.

ARTICLE V INITIAL DIRECTORS/OFFICERS -

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

Adrienne Webster VP Social Service DR. Webster VP Medical Service;
Marcella Torres VP Administrative Services
Tracy Whited President
Willie Whited Coordinator of Dual Diagnosis
Dr. Samea Brown VP Clinical Services

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Anita O. Abrams
3204 Hashe Rd
Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tracy Whited
1922 Celtic Rd
Tallahassee, FL 32307

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.

Anita O. Abrams

Signature/Registered Agent

5/10/2005

Date

Tracy Whited

Signature/Incorporator

10 May 05

Date

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