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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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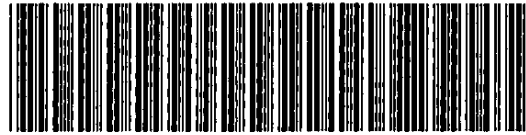
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Friends of Hope Adult Day Services Corp.

(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: Carol J. Neil
Name (Printed or typed)

14548 Crystal View Lane
Address

Jacksonville, FL 32250
City, State & Zip

904-821-0001 or 904-612-8322 (cell)
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:

Friends of Hope Adult Day Services Corp.

ARTICLE II PRINCIPAL OFFICE

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

1560 Roberts Drive
Jacksonville Beach, FL 32250

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide scholarships to families in need of adult day services.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed by the President

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Carol J. Neil- President 14548 Crystal View Lane, Jacksonville, FL 32250
Sandra Catallo- Vice President 111 Dahala Ct. Ponte Vedra, FL 32082
Robert Schoenfeld- Treasurer 141 Indian Hammock Lane, Ponte Vedra, FL 32082
Victoria Offenbergl- Secretary 1800 The Greens Way-#603, Jacksonville Beach, FL 32082
Tony Gabrielle-Director 360 South Nine Drive, Ponte Vedra, FL 32082

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Carol J. Neil
14548 Crystal View Lane
Jacksonville, FL 32250

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carol J. Neil
14548 Crystal View Lane
Jacksonville, FL 32250

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.

Carol J. Neil
Signature/Registered Agent

11/30/2006

Date

Carol J. Neil
Signature/Incorporator

11/30/2006

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Catallo