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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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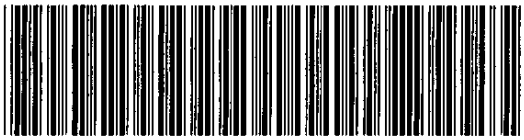

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APPROVED
AND
FILED
09 JAN 27 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

~~W09-432~~

COVER LETTER

ID
59-3220558

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

SUBJECT: Hands 2 Hope of Brevard, 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: Ethel Ware Bails
Name (Printed or typed)

206 Pineda St
Address

Cocoa, Florida 32922
City, State & Zip

321-637-8382
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)

APPROVED AND FILED

09 JAN 27 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Hands of Hope of Brevard, INC

ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is:

206 Pineda St
Cocoa Florida 32922

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Meet the basic human needs of primarily low-income minority area of Brevard county, Florida. To bring resources to the working poor and homeless. We offer food closes and other related activities. We offer emergency referrals, shelter, food, medical, clothing at no cost as well as job referral, abuse shelters drug, alcohol, spousal abuse & rape crisis, etc.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors shall be invited to participate based on their concern for their fellow human beig and for their community.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Ethel Ware Bails founder + director
206 pineda St.
Cocoa, Florida 32922

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Ethel Ware Bails
206 Pineda St
Cocoa, Florida 32922

ARTICLE VII INCORPORATOR

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

Ethel Ware Bails
206 pineda st
Cocoa, Florida 329[illegible]

****

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.

Ethel Ware Bails
Signature/Registered Agent

Dec 31, 2008
Date

Ethel Ware Bails
Signature/Incorporator

Dec 21, 2008
Date

Entity Name to serve as Officer/Director: Ethel Ware - Bailey

Street Address: 206 Pineda Street

City, State: Cocoa, Florida

Zip Code & Country: 32922 US

Title: Founder (P, VP, etc...)

Name (Last, First, Middle, Title): Bailey, Ethel, , Founder (Sr., Jr., etc...)

- OR -

Entity Name to serve as Officer/Director: Jesse M. French

Street Address: 1403 Tate St

City, State: Cocoa, Fl.

Zip Code & Country: 32922 US

Title: P (P, VP, etc...)

Name (Last, First, Middle, Title): French, Jesse, M, P (Sr., Jr., etc...)

- OR -

Entity Name to serve as Officer/Director: Marilyn L Smith

Street Address: 1059 Park St

City, State: Cocoa, Fl.

Zip Code & Country: 32922 US

Title: PR (P, VP, etc...)

Name (Last, First, Middle, Title): Smith, Marilyn, L, PR (Sr., Jr., etc...)

- OR -

Entity Name to serve as Officer/Director: Kay Wright

Street Address: 655 School Street

City, State: Cocoa, Fl

Zip Code & Country: 32922 US

Title: Sec (P, VP, etc...)

Name (Last, First, Middle, Title): Wright, Kay, , Secretary (Sr., Jr., etc...)

- OR -

Entity Name to serve as Officer/Director: Debra Hunter

Street Address: 5408 San Marco Way #F105

City, State: Rockledge, FL

Zip Code & Country: 32955 US

Title: Treq (P, VP, etc...)

Name (Last, First, Middle, Title): Hunter, Debra, , Treasurer (Sr., Jr., etc...)

- OR -

Entity Name to serve as Officer/Director: Cynthia D Settles

Street Address: 12314 Foxhound Land

City, State: Orlando, FL

Zip Code & Country: 32826 US Health Coordinator - Title