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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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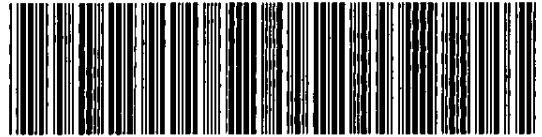
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Blood Bonds Chains of Hope 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: Moliette Bonhomme
Name (Printed or typed)

2241 NW 192nd Terrance
Address

Miami Gardens, FL 33056
City, State & Zip

786-444-0338
Daytime Telephone number

mbonhomme87@gmail.com
E-mail address: (to be used for future annual report notification)

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:
Blood Bonds Chains of Hope Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
1616 NE 159th Street
Miami, FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
The purpose of Blood Bonds Chains of Hope Inc. is to be a community outreach organization with a goal to fortify, support, and improve the lives of families. We take every opportunity to fellowship and evangelize in communities in order to bond with one another as brothers and sisters.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
The manner in which the directors are elected will be regulated by the by-laws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):
Title: Chief Executive Officer
Milora Morley
1616 NE 159th Street
Miami, FL 33162

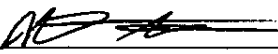
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Moliette Bonhomme
2241 NW 192nd Terrance
Miami, Fl 33056

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Milora Morley
1616 NE 159th Street
Miami, FL 33162


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

02-12-10

Date



Signature/Incorporator

02-12-10

Date

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10 FEB 18 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FL 32399