

N100000003894

(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



900174784559

04/08/10--01045--011 **70.00

10 APR 19 AM 11:03

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W1-17424

B McKnight APR 20 2010

COVER LETTER

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

SUBJECT: Hospice Friends of Hollywood, 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: Hospice Friends of ^{Hollywood,} Florida, Inc.
Name (Printed or typed)

5300 Washington Street, Apt. M-101
Address

Hollywood, Florida 33021
City, State & Zip

954-981-7177
Daytime Telephone number

None available
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2010

HOSPICE FRIENDS OF HOLLYWOOD, INC.
5300 WASHINGTON STREET APT M-101
HOLLYWOOD, FL 33021

SUBJECT: HOSPICE FRIENDS OF HOLLYWOOD, INC.
Ref. Number: W10000017424

We have received your document for HOSPICE FRIENDS OF HOLLYWOOD, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 710A00008725

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:
Hospice Friends of Hollywood, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5300 Washington St. unit M101
Hollywood, FL 33021

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Fund-Raiser for Hospice, Inc
Non profit organization

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

By the President of the corporation
Anne M. Mitchell

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Anne Mitchell, President
Aida Morelli, Registered Agent

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Aida Morelli
5300 Washington Street, Apt. E-101
Hollywood, Florida 33021

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Anne Mitchell, President
5300 Washington Street, Apt. M-101
Hollywood, Florida 33021

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

Date

Signature/Incorporator

Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 APR 19 AM 11:03

3/10/2010

3/10/2010