

N 10000004516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

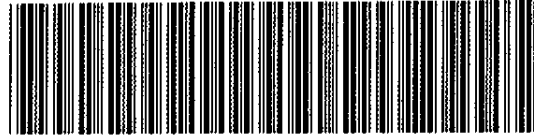
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



800179912508

05/07/10--01006--004 \*\*78.75

MRB  
5/7

RECEIVED  
10 MAY -7 AM 9:19  
BUREAU OF CORPORATIONS  
DIVISION OF REVENUE  
TALLAHASSEE, FLORIDA

FILED  
10 MAY -7 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Mothers of Hope International Outreach Ministry  
(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: NATASHA PATRICE Edwards  
Name (Printed or typed)

33870 Blue Star Hwy Apt 510  
Address

Midway Florida 32343  
City, State & Zip

850-241-4890  
Daytime Telephone number

mothers of hope @ g. mail. 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:

*Mothers of Hope International Outreach Ministry INC.*

## ARTICLE II PRINCIPAL OFFICE

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

*33870 Blue Star Hwy Apt. 510  
Midway FL 32343*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*The purpose is to offer spiritual support for Mothers that have incarcerated children. To also do community events promoting intervention for children.*

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

*Through votes within  
the corporation*

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

*Donald Martin - Director Vice President  
Danya White - Assistant Director Secretary  
Shelia Hansell - Administrative Assistant Treasurer  
NATASHA Edwards - President*

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*Natasha B. Edwards  
33870 Blue Star Hwy Apt. 510  
Midway Florida 32343*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Natasha B. Edwards  
33870 Blue Star Hwy Apt. 510  
Midway FL 32343*

\*\*\*\*\*  
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.

*Natasha B. Edwards*  
\_\_\_\_\_  
Signature/Registered Agent

*5/7/10*  
\_\_\_\_\_  
Date

*Natasha B. Edwards*  
\_\_\_\_\_  
Signature/Incorporator

*5/7/10*  
\_\_\_\_\_  
Date

FILED  
10 MAY -7 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA