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**ONE**  
AUTHORIZATION BY PHONE TO  
CORRECT Article I, IV + V  
DATE 9/10/10  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRD  
9/10

214-111568

## COVER LETTER

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

SUBJECT: NO PLACE LIKE HOME 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: MR. JAMES B. JOHNSON  
Name (Printed or typed)

4008 N. MYRTLE AVE  
Address

TAMPA, FLORIDA 33603  
City, State & Zip

813-237-1810  
Daytime Telephone number

JAMESBJOHNSONJR@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.

JOHNSON HOUSE OF HOPE INC.

## ARTICLE II PRINCIPAL OFFICE

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

4008 N. MYRTLE AVE  
TAMPA, FLORIDA 33603

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOUSING FOR HIV/AIDS  
CLIENTS.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors Are Appointed

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

See sheet Attached

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## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JAMES B. JOHNSON  
4008 N. MYRTLE AVE  
TAMPA, FLORIDA 33603

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DONNELL GALLOWAY  
504 E. VIRGINIA AVE  
TAMPA, FL. 33603

\*\*\*\*\*

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

8/30/10

8/30/10

**NO PLACE LIKE HOME INC.**

4008 N. MYRTLE AVE  
TAMPA, FLORIDA 33603  
(813) 237-1810  
FAX NUMBER (813) 237-1810



**FOR HIV AND AIDS CLIENTS THAT HAVE TROUBLE COPING WITH SOCIETY  
STRUGGLING WITH THE FACT OF THERE DIAGNOSIS.**

**OBJECTIVE:** TO PROVIDE A HEALTHY CLEAN ENVIRONMENT FOR HIV/AIDS CLIENTS, QUALITY CARE, IN HOUSE NURSING ASSISTANT, HOUSE KEEPING PROVIDED FOR CLIENTS THAT CAN'T HELP THEMSELVES. THREEE NUTRITIONAL MEALS PROVIDED DAILY. ASSIST IN MEDICATION DAILY INTAKE, REFERAL FOR COUNSELING AND TRANSPORTATION PROVIDED TO SCHEDULED MEDICAL APPOINTMENTS. 24 HOUR MEDICAL CARE IF NEEDED.

**THE REQUIREMENTS OF NO PLACE LIKE HOME INC: BOARD MEMBERS AS FOLLOWS:**

**MR JAMES B. JOHNSON JR. (CEO)** (IS RESPONSIBLE FOR OVERSEEING THE ENTIRE OPERATION. THE (CEO) HAS THE POWER TO DISMISS ANYONE ON THE BOARD AND TO OVERRIDE ANY VOTES.

**MRS. GENNETTE WILSON : (PRESIDENT)-** SHALL PRESIDE AT ALL MEETINGS OF THE COMMITTEE BOARD. SIGN ALL ORDERS DRAWN ON THE TREASURY BY THE SECRETARY FOR THE DISBURSEMENT OF FUNDS WHICH COME TO (NPLH) INC. SHALL SO HAVE IN HER POWER TO STIMULATE A LIVELY ACTIVITY IN OUR GOAL.

**MR. DONNELL GALLOWAY- (VICE PRESIDENT)** SHALL AUTOMATICALLY BECOME THE PRESIDENT IN CASE OF RESIGNATION OR DEATH OF THE PRESIDENT. SHALL ALSO SERVE AS CHAIRMAN OF (NPLH),INC. AND THE COMMITTEE. HE SHALL PLAN, EVALUATE AND PROMOTE THE PROGRAM OF (NPLH) INC. IN CONSULTATION WITH THE COMMITTEE.

**MR.DONNELL GALLOWAY-(SECRETARY)** SHALL KEEP ACCURATE RECORDS OF THE (NPLH) INC. UNDER THE DIRECTION OF THE PRESIDENT, SHALL PREFORM ALL OTHER DUTIES COMMOM TO SUCH OFFICE SHALL CORESPOND WITH MEMBERS UNDER THE DIRECTION OF THE PRESIDENT.

**MR. JAMES B. JOHNSON JR. - (TREASURER)** SHALL BE A MEMBER OF THE BUDGET AND FINANCIAL AND COPERATE SETTING UP THE BUDGET OF NO PLACE LIKE HOME DISBURSE FUNDS ON ORDER DRAWN BY THE SECRETARY AND SIGHNED BY THE PRESIDENT. HE SHALL MAKE A MONTHLY REPORT TO THE (NPLH) INC.

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INC. COMMITTEE.

MEMBERS SHALL FOLLOW (NPLH) INC. DUTIES AND BY-LAWS AND ATTEND ALL WEEKLY AND MONTHLY MEETINGS. THE BOARD MEMBERS ARE REQUIRED TO ATTEND TO ALL CLIENTS NEEDS THAT ARE WITHIN REASON.

**ARTICLE V: INITIAL DIRECTORS AND/OR OFFICERS**

MR. JAMES B. JOHNSON (CEO)  
4008 N. MYRTLE AVE  
TAMPA, FLORIDA 33603

MRS GENNETTE WILSON (PRESIDENT)  
1811 GREENRIDGE ROAD  
TAMPA, FLORIDA 33619

MR. DONNELL GALLOWAY  
504 E. VIRGINIA AVE  
TAMPA, FLORIDA 33603

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**ARTICLE VI: INITIAL REGISTERED AGENT AND STREET ADDRESS**

MR. JAMES B. JOHNSON  
4008 N. MYRTLE AVE  
TAMPA, FLORIDA 33603

**ARTICLE VII: INCOPORATOR**

MR. DONNELL GALLOWAY  
504 E. VIRGINIA AVE  
TAMPA, FLORIDA 33603

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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

8/30/10  
DATE