

N10000010219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

10/12/10--01063--004 **87.50

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: HOPE 4 MOBILITY, 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: OLIE JONES, IV
Name (Printed or typed)

3141 FORTUNE WAY, SUITE 12
Address

WELLINGTON, FL 33414
City, State & Zip

561-249-2464

Daytime Telephone number

OLIE JONES 48HOTMAIL.COM
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

October 20, 2010

OLLIE JONES, IV
3141 FORTUNE WAY, SUITE 12
WELLINGTON, FL 33414

SUBJECT: HOPE 4 MOBILITY
Ref. Number: W10000049427

We have received your document for HOPE 4 MOBILITY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 610A00024842

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

ARTICLE I NAME

The name of the corporation shall be: HOPE 4 MOBILITY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3141 FORTUNE WAY, SUITE 12
WELLINGTON, FL 33414

Mailing address, if different is:

4138 BLUFF HARBOR WAY
WELLINGTON, FL 33449

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE EQUIPMENT, RESEARCH AND DEVELOPMENT, SERVICES AND TECHNOLOGY, TO IMPROVE THE MOBILITY AND OVERALL QUALITY OF LIFE OF PERSONS WITH SPECIAL NEEDS.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: THE METHOD OF ELECTION OF DIRECTORS IS BY QUORUM, AS STATED IN THE BYLAWS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OLIE JONES IV - PRESIDENT

Address: 4138 BLUFF HARBOR WAY
WELLINGTON, FL 33449

Name and Title:

Address:

Name and Title: TRACY JONES - TREASURER

Address: 4138 BLUFF HARBOR WAY
WELLINGTON, FL 33449

Name and Title:

Address:

Name and Title: ANNETTE LIZARDO - SECRETARY

Address: 4026 BLUFF HARBOR WAY
WELLINGTON, FL 33449

Name and Title:

Address:

10 OCT 21 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AM 9:00
D

ARTICLE VI REGISTERED AGENT

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

Name: OLIE JONES IV
Address: 4138 BLUFF HARBOR WAY
WELLINGTON, FL 33449

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: OLIE JONES IV
Address: 4138 BLUFF HARBOR WAY
WELLINGTON, FL 33449

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

OLIE JONES IV
Required Signature of Registered Agent

10/25/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

OLIE JONES IV
Required Signature of Incorporator

10/25/10
Date