

N10000010739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

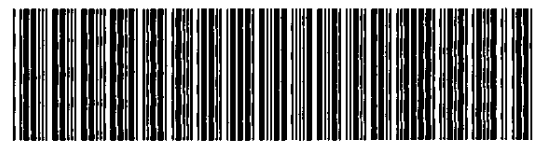
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000187753610

11/15/10--01023--013 **87.50

FILED
2010 NOV 15 P 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Loaves and Fishes of Hobe Sound, 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: Katherine G. Carew
Name (Printed or typed)

101 Osceola Ave.
Address

Hobe Sound, FL 33455
City, State & Zip

772-546-6417
Daytime Telephone number

kathdeere@yahoo.com ✓
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV 15 P 4: 17

FILED

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: Loaves and Fishes of Hobe Sound **FILED**

ARTICLE II PRINCIPAL OFFICE

Principal street address
% Katherine Carew
101 Osceola Ave
Hobe Sound, FL 33455

Mailing address if different is:
2010 NOV 15 P 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The organization is organized exclusively for charitable relief of the poor under section 501(c)(3) of the Internal Revenue Code. We intend to raise money to feed the children, individuals and/or families in need of relief in Hobe Sound, Martin County, Florida.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: elected Nov. 5, 2010

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joan Madeira President Name and Title: _____
Address: 1 1/2 Riverview Road Address: _____
Hobe Sound, FL
33455

Name and Title: Nola Falcone, vice-pres Name and Title: _____
Address: 245 So. Beach Rd. Address: _____
Hobe Sound, FL
33455

Name and Title: Katherine Carew, sec./treas Name and Title: _____
Address: 101 Osceola Ave Address: _____
Hobe Sound, FL
33455

ARTICLE VI REGISTERED AGENT

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

Name: Katherine Carew
Address: 101 Osceola Ave
Hobe Sound, FL
33455

Article VIII - Dissolution of Assets
Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of the section ~~501(c)(3)~~ of the Internal Revenue Code.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Katherine Carew
Address: 101 Osceola Ave
Hobe Sound
FL 33455

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

Katherine G Carew
Required Signature of Registered Agent

Nov. 9 2010
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.

Katherine G Carew
Required Signature of Incorporator

Nov. 9 2010
Date