

N10000011001

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(Address)

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(City/State/Zip/Phone #)

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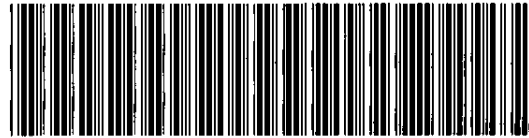
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/08/10--01007--005 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 23 PM 12:18

W1-52667

8 McKnight NOV 24 2010

COVER LETTER

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

SUBJECT: HepAintHip, 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: Alethia V Somerset

Name (Printed or typed)

PO Box 9729

Address

Tampa, FL 33674

City, State & Zip

813 541 4699

1502 E. Ocala Ave, Telephone number

somerset456@msn.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

RECEIVED
10 NOV 23 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 10, 2010

ALETHIA V SOMERSET
PO BOX 9729
TAMPA, FL 33674

SUBJECT: HEPAINTHIP, INC
Ref. Number: W10000052667

We have received your document for HEPAINTHIP, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

An effective date may be added to the Articles of Incorporation if a 2011 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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 Supervisor
New Filing Section

Letter Number: 610A00026456

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

ARTICLE I NAME

HepAinHIp, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1502 E Osborne Ave.
Tampa, FL 33610-6043

Mailing address, if different is:
PO Box 9729
Tampa, FL 33674-9729

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation will provide outreach, support, educational and clinical services for those persons, stricken with Viral Hepatitis and many other liver diseases

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

The Directors of the board will be elected as stated in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Alethia V Somerset President and CEO</u>	Name and Title: _____
Address: <u>1502 E Osborne Ave.</u>	Address: _____
<u>Tampa, FL 33610-6043</u>	_____

Name and Title: <u>Gustavo Garcia Vice-President(Education)</u>	Name and Title: _____
Address: <u>8619 Boysenberry Dr</u>	Address: _____
<u>Tampa, FL 33635</u>	_____

Name and Title: <u>Gay Kendall Secretary and Treasurer</u>	Name and Title: _____
Address: <u>3303W Winconsin Ave</u>	Address: _____
<u>Tampa, FL 33611</u>	_____

ARTICLE VI REGISTERED AGENT

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

Name: Alethia V Somerset
Address: 1502 E Osborne Ave.
Tampa, FL 33610-6043

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alethia V Somerset
Address: PO Box 9729
Tampa, FL 33674-9729

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 23 PM 12:18

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

Alethia V. Somerset
Required Signature of Registered Agent

11/22/2010
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.

Alethia V. Somerset
Required Signature of Incorporator

11/22/2010
Date