N1100006346

(Req	uestor's Name)			
(Addı	ress)			
(Addı	ress)			
(City/	State/Zip/Phone	e #)		
PłCK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Fi	ling Officer:			

Office Use Only



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WH-33370

PAMELA Smith Please Review this forme. Thelieve I changed what was veguested of me. If there is another problem please call me. My check was already cashed. W77 & & & & 3339 & Thank 5



June 21, 2011

KEVIN SMITH 4068 PALM WAY JACKSONVILLE BEACH, FL 32250

SUBJECT: F.A.I.T.H. FAMILIES ADVOCATING FOR INDIVIDUALS THROUGH

HOPE

Ref. Number: W11000033390

We have received your document for F.A.I.T.H. FAMILIES ADVOCATING FOR INDIVIDUALS THROUGH HOPE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

Please submit only one document in its entirety.

Please return 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) 245-6901.

Pamela Smith Regulatory Specialist II

www.sunbiz.org

Letter Number: 011A00015043

COVER LETTER

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

SUBJECT: Families Advocating for Individuals Through Hope (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original	and one (1) copy of the Artic	les of Incorporation and	d 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 C	OPY REQUIRED
FROM	Kevin Smith		
		nted or typed)	
	4068 Palm Way	ldress	
	Jacksonville Bea		
		tate & Zip	
	904-703-8646		
	Daytime Tel	ephone number	
	FaithinFlorida20	11@gmail.cor	n

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

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

ARTICLE I The name of the co	NAME proporation shall be:	Advocating for	Individuals Through Hope, / nc.
ARTICLE II	PRINCIPAL OFFICE Principal street address SML H 4068 Palm Way	_	Mailing address, if different is: Kevin Smith P.O. Box 50783
	Jacksonville Beach FL 32250	<u> </u>	Jacksonville Beach FL 32250
ARTICLE III	PURPOSE		
• •	which the corporation is organized is:		
opportunities, e	sk and recidivism rates of offenders. Forr	ationally and effe	eating educational and employment ectively protect community safety, educate s, help with getting them back into society to
ARTICLE IV	MANNER OF ELECTION The manner i	n which the directo	ors are elected and appointed:
Directors are	appointed by a majority of votes		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS	Ol S.P Ossilla M. Dannisland
	itle: <u>Kevin Smith</u> — President 4068 Palm Way	Name and Titl Address:	le: Christine Smith V. President 4068 Palm Way
Address: <u>4</u>	Jacksonville Beach FL 32250	Address.	Jacksonville Beach FL 32250
Name and T Address:	itle: Anthony Brown Secretary 8745 Jasper Avenue Jacksonville FL 32250		le: Matthew Smith — †reqsore [4068 Palm Way JAcksonville Beach FL 32250
Name and T	Title:	Name and Titl	le:
Address:	itte	Address:	
			1 VS
			
ARTICLE VI	REGISTERED AGENT		D ORE
	orida street address (P.O. Box NOT acceptable)	of the registered ag	ent is:
Name:	Kevin Smith	_	
Address:	4068 Palm Way Jacksonville Beach FL 32250	_	PO PO
			RATE RATE
4 D. W. C. C. T.	71/20 D D O D 4 20 D		23
ARTICLE VII	INCORPORATOR dress of the Incorporator is:		<u>∞</u>
Name:	dress of the medipolitical is.	Shelk	sy Conner
Address:	4068 Palm Way	<u> </u>	•
	Jacksonville Beach FL 32250		
Having been nan certificate, I am fo	ned as registered agent to accept service of pro umiliar with and accept the appointment as regist	ecess for the above tered agent and agi	e stated corporation at the place designated in this ree to act in this capacity
			June 8, 2011
	Required Signature of Registered Agent	·	Date
	ument and affirm that the facts stated herein are t of State constitutes a third degree felony as prov		that any false information submitted in a document 55, F.S.
(Stalla Commen		June 8, 2011
	35 4 H LO4 [acm cd h 4		JULIE O, ZU F I

Date

Required Signature of Incorporator