

N11000007614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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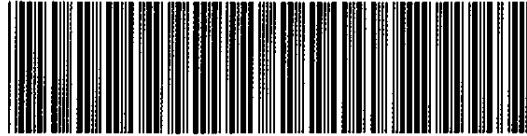
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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Ps. Shiller

## COVER LETTER

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

SUBJECT: Hope Family Outreach Ministry Corp.  
(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: Gena Lee Brinn  
Name (Printed or typed)

1035 Kellogg St. E.  
Address

Lehigh Acres, FL 33974  
City, State & Zip

(239) 369-2683  
Daytime Telephone number

gena-brinn@yahoo.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:

Hope Family Outreach Ministry

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11 AUG 10 AM 11:38

1035 Kellogg St. E.  
Lehigh Acres, FL 33974

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To help families and family victims with charity, compassion, fostering and mentoring to provide hope for the helpless. This to be done to impact communities in a positive way.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

voted in

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gena Lee Brinn - President  
Address: 1035 Kellogg St. E.  
Lehigh Acres, FL 33974

Name and Title: Daniel Hart Brinn - Vice President  
Address: 1035 Kellogg St. E.  
Lehigh Acres, FL 33974

Name and Title: Patricia Hall - Advisor  
Address: 609 6th Ave. Circle  
Immokalee, FL 34143

Name and Title: Carry Alderman - Secretary  
Address: 1035 Kellogg St. E.  
Lehigh Acres, FL 33974

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

## ARTICLE VI REGISTERED AGENT

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

Name: Gena Lee Brinn  
Address: 1035 Kellogg St. E.  
Lehigh Acres, FL 33974

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gena Lee Brinn  
Address: 1035 Kellogg St. E.  
Lehigh Acres, FL 33974

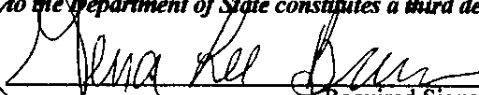
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

8/4/11  
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.



Required Signature of Incorporator

8/4/11  
Date