

N11000008106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

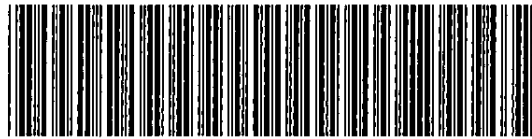
(Business Entity Name)

(Document Number)

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11 AUG 26 AM 10:55 11 AUG 26 AM 10:35
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Hosanna Outreach, 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: Tracee Toliver
Name (Printed or typed)

P.O. Box 15355
Address

Panama City FL 32406
City, State & Zip

850-258-5841
Daytime Telephone number

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

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: Hosanna Outreach, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1532 Chandler Avenue
Panama City, FL 32405

Mailing address, if different is:
P.O. Box 15355
Panama City, FL 32406

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide services which promote a healthy educational environment for individuals, i.e. tutoring.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tracee Toliver (P)
Address: P.O. Box 15355
Panama City, FL 32406

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Tracee Toliver
Address: 1532 Chandler Avenue
Panama City, FL 32405

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tracee Toliver
Address: P.O. Box 15355
Panama City, FL 32406

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

Tracee Toliver
Required Signature of Registered Agent

8-26-11
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.

Tracee Toliver
Required Signature of Incorporator

8-26-11
Date

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TALLAHASSEE, FLORIDA