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COVER LETTER

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

_{SUBJECT:} Hopes	and Dreams Mir	nistries,Inc. Ename – <u>Must Incl</u>	UDE SUFFIX)		
Enclosed is an original an \$70.00 Filing Fee	status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate OPY REQUIRED		
FROM:	PO Box	nted or typed)	SECRETARY OF STATE TALLAHASSEE, FLORIDA	11 NOV 28 PH 3: 02	FILED
((863)67 70 2றும் ஈ டுவ cmrushing2001	paramagumber		. 02	

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

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



June 17, 2011

CAROL RUSHING P.O. BOX 194 CLEWISTON, FL 33440

SUBJECT: HOPES AND DREAMS MINISTRIES, INC.

Ref. Number: W11000032947

We have received your document for HOPES AND DREAMS MINISTRIES, INC. and your check(s) totaling \$87.50. 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.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line. -5ign d

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) 245-6924.

Sharon Collins Regulatory Specialist II New Filing Section

Letter Number: 011A00014833

No response! Resent: 11/11/2011

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11 NOV 28 AH ID: 31

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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

Having been named as registered agent at 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

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

Additions Corrections: 6/27/11