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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: HOME LOSS AND HOMELESS PREVENTION, 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: HERIBERTO COLON JR

Name (Printed or typed)

5809 OXFORD DRIVE

Address

TAMPA, FLORIDA 33615

City, State & Zip

5809 OXFORD DRIVE Phone number

heriberto.colonjr@yahoo.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

January 10, 2012

HERIBERTO COLON JR
5809 OXFORD DR
TAMPA, FL 33615

SUBJECT: HOME LOSS AND HOMELESS PREVENTION
Ref. Number: W12000001673

We have received your document for HOME LOSS AND HOMELESS PREVENTION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 612A00000675

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: HOME LOSS AND HOMELESS PREVENTION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5809 OXFORD DRIVE
TAMPA, FLORIDA 33615

Mailing address, if different is:
5809 OXFORD DRIVE
TAMPA, FLORIDA 33615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PREVENT HOME LOSS AND HOMELESSNESS IN THE UNITED STATES OF AMERICA

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

BY MAJORITY OF VOTES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Heriberto Colon Jr (President)
Address: 5809 Oxford Drive
Tampa, Florida 33615

Name and Title: _____
Address: _____

Name and Title: Rachel Ann Hodgkins (Vice President)
Address: 5809 Oxford Drive
Tampa, Florida 33615

Name and Title: _____
Address: _____

Name and Title: Heriberto Colon Jr (Secretary)
Address: 5809 Oxford Drive
Tampa, Florida 33615

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: HERIBERTO COLON JR
Address: 5809 OXFORD DRIVE
TAMPA, FLORIDA 33615

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HERIBERTO COLON JR
Address: 5809 OXFORD DRIVE
TAMPA, FLORIDA 33615

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

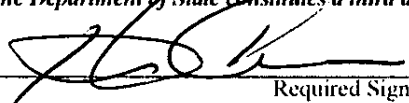


Required Signature of Registered Agent

12 JANUARY 2012

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

12 JANUARY 2012

Date

FILED
12 JAN 18 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA