

N12000001886

(Requestor's Name)

(Address)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

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FILED
12 FEB 17 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Special Instructions to Filing Officer:

Christopher King GAVE
AUTHORIZATION BY PHONE TO
CORRECT *Article IV*
DATE *2/20/12*
DOC. EXAM *MRS*

Office Use Only

MRS
2/20/12

COVER LETTER

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

SUBJECT: Hometown Bridges Foundation, 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: Christopher Larry King
Name (Printed or typed)

12970 164th Court North
Address

Jupiter, FL 33478
City, State & Zip

561.746.7487
Telephone number

chris@hometownbridges.org
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)

FILED

12 FEB 17 PM 1:26

ARTICLE I NAME Hometown Bridges Foundation, Inc
The name of the corporation shall be:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE
Principal street address
12970 164th Court North
Jupiter, FL 33478

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To fight childhood obesity and other children's health issues through creating focused - high quality and life impacting partnerships, through dynamic programs that increase social awareness and education associated with improving children's health and fitness.

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

According to the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher King/Chair
Address: 12970 164th Court North
Jupiter, FL 33478

Name and Title: _____
Address: _____

Name and Title: Phil Martin/Vice Chair
Address: 536 Rookery Place
Jupiter, FL 33458

Name and Title: _____
Address: _____

Name and Title: Karen Kohlmeyer/Secretary/D
Address: 841 Eastern Ave
Holden, ME 04429

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

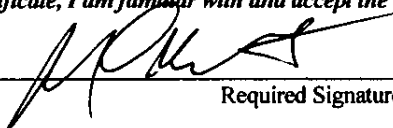
Name: Phil Martin
Address: 536 Rookery Place
Jupiter, FL 33578

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

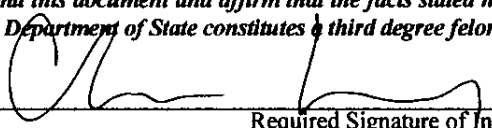
Name: Christopher King
Address: 12970 164th Court North
Jupiter, FL 33478

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

2-13-2012
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

2-13-2012
Date