# NIZOOODOT609

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
W17-39455				

- -

 $\boldsymbol{\zeta}^{\mathbf{i}}$ 

Office Use Only



07/25/12--01007--019 \*\*87.50

R5 ĩ FILED AUG -6 PH 12: 37

!

į.

IH

## **COVER LETTER**

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

## SUBJECT: The H.I.L.L. of Northeast Florida, Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

Filing Fee

Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy	[
& Certified Copy	

\$87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: The H.I.L.L. of Northease FL, Inc.

Name (Printed or typed)

6027 Shadehill Rd.

Address

Jacksonville, FL 32258

City, State & Zip

# 904-238-3990

6027 Shabeniti Re, Lackbonville Pbc 32258

# infothehillnefl@gmail.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

July 26, 2012

ANA GROGAN 6027 SHADEHILL RD JACKSONVILLE, FL 32258

SUBJECT: THE H.I.L.L. OF NORTHEASE FL, INC. Ref. Number: W12000039455

We have received your document for THE H.I.L.L. OF NORTHEASE FL, 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):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 112A00019674

<b>ARTICLES OF INC</b>	ORPORATION
------------------------	------------

2. 5

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

\* \* \* \* \*

ARTICLE I N. The name of the corpo	The H.I.L.L. of Northeas	st FL, Inc.	FILED
ARTICLE II PI	RINCIPAL OFFICE		12 AUG -6 PH 12: 00
	Principal street address		Mailing address, if different is:
	6027 Shadehill Rd,	-	6027 Shadehill Rd and and and
	Jacksonville, FL 32258		6027 Shadehilli Rd.
		-	
ARTICLE III P	PURPOSE		<b>*</b>
The purpose for whic	h the corporation is organized is:		
between qualified FL, Inc., promotes	e Hispanic Institute of Life and Leadership Hispanic job seekers and the organization and provides education, consulting and ju- to optimize the employee's full potential a	ns that seek to ob placement :	
ARTICLE IV M	IANNER OF ELECTION The manner in w	hich the director	s are elected and appointed:
and until such person's s	he Articles of Incorporation as a member of the Board of successor is elected and qualified or until such person's INITIAL OFFICERS AND/OR DIRECTOR	earlier resignation,	office until the next annual meeting of the Board of Directors removal from office, or death.
Name and Title:	Ana Grogan, President/Executive Director	Name and Title	
Address:	6027 Shadehill Rd.	Address:	6027 Shadehill Rd.
	Jacksonville, FL 32258		Jacksonville, FL 32258
Name and Title:	Beverly Benson, Director Research	Name and Title	·
Address:	6012 Shadehill Rd	Address:	
	Jacksonville, FL 32258		
	· · · · · · · · · · · · · · · · · · ·		<u>.</u>
Name and Title		Name and Title	·
Address:			
ARTICLE VI R	EGISTERED AGENT		
	a street address (P.O. Box NOT acceptable) of t	he registered age	nt is:
Name:	Ana Grogan		
Address:	6027 Shadehill Rd.		
	Jacksonville, FL 32258		
ARTICLE VII II	NCORPORATOR		
	s of the Incorporator is:		
Name:	Ana Grogan		
Address:	6027 Shadehill Rd.		
	Jacksonville, FL 32258		
			stated corporation at the place designated in this
ceruficate, I am famili	iar with and accept the appointment as registered	a agent and agre	e to act in this capacity
	Maria		
(cna	NW yan	<u> </u>	81212012
	Required Aignature of Registered Agent		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.

ina. Required Signature of Incorporator

8/2/2012 Date

### The H.I.L.L. of Northeast FL, Inc. Articles of Incorporation

#### **Article VIII – Dissolution Clause**

.

.

. .

.

Upon the dissolution of the corporation (The H.I.L.L. of Northeast FL, Inc.), assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or the corresponding sections of any future Federal tax code. Any Assets not so disposed shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the corporation is located. Disposal shall be made exclusively for exempt or public purposes, or be made to such organization or organizations as the court shall determine to be organized exclusively for such purposes.