## N12000009352

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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12 OCT -1 AM 9:58 SECRETARY OF STATE FALLAHASSEE FLORIDA

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## **COVER LETTER**

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

SUBJECT: The Global Hunger Expedition, Inc.				
Enclosed is an original \$70.00 Filing Fee	and one (1) copy of the Artic  \$78.75 Filing Fee & Certificate of Status		\$87.50 Filing Fee, Certified Copy & Certificate	
FROM:	Robert Poff Name (Prin	nted or typed)	<u></u>	
606 Mason Dr.				
Titusville, FL 32780 City, State & Zip				
	321 205 5797			

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

jonathanpoff@hotmail.com

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

Daytime Telephone number

## ARTICLES OF INCORPORATION

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

ARTICLE II	PRINCIPAL OFFICE		14 111 11 10 1170
	Principal <u>street</u> address 606 Mason Drive		Mailing address, if different is:
	Titusville, FL. 32780		
		<del></del>	
ARTICLE III	PURPOSE		
The purpose for	which the corporation is organized is:		
			hunger both inside and outside Florida. This
			t mail, direct solicitation and food packaging
		h other charities a	and organizations to deliver food to those at
risk of starvati	on around the world.		
ARTICLE IV	MANNER OF ELECTION . The mann	ner in which the direct	tors are elected and appointed:
The director	s shall be elected by a majority vote	e of the officers	of the corporation annually or as needed
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	CTORS	•
Name and	Title: Bob Poff, President and CEO	Name and Ti	
Address:	606 Mason Drive	Address:	606 Mason, Drive
	Titusville, FL. 32780		Titusville, FL. 32780
Name and Address:	939 Yellow Jacket LN 1109	Name and Ti	itle:
Address.	Rockwall, TX 75087	Audress:	
	1.00.000		
Name and	Title:	Name and Ti	itle:
Address:		Address:	
	<del></del>	<del></del>	70 <del>7</del>
ARTICLE VI	REGISTERED AGENT		, pr. 22
The <u>name</u> and Fl	lorida street address (P.O. Box NOT acceptab	le) of the registered a	ngent is:
Name:	Catherine E Dayen 253 N. Orlando AVE	F29,	
Address:	253 N. Orlando AVQ	<u>'                                     </u>	ASSEE OF THE PROPERTY OF THE P
	Maitland Fr 32	27.5	
	Moitland, FC 32	791	: SI : SI - 9:
ARTICLE VII	INCORPORATOR		SAL 1: 5
	idress of the Incorporator is:		\$ 56
Name:	Jonathan Poff		
Address:	939 Yellow Jacket LN 1109		
	Rockwall, TX 75087		
Having been nat	ned as-registered agent to accept service of a	process for the abov	e stated corporation at the place designated in this
certificate, I am J	amiliar with and ascept the appointment as re-	gistered agent and ag	gree to act in this capacity
( -\frac{1}{2}			Cart 21 2012
1 6			Sept. 26,2012 Date
	Required Signature of Registered Age	ent	Date
	reduited Signature of Wegistered Age	CII.	2

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