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SECRETARY OF STATE
TALLAHASSEE, FL 32399
112-8500

10/15/12
3

COVER LETTER

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

SUBJECT: _____

Bryanna's Hope

(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: _____

Brianna Sepulveda

Name (Printed or typed)

7589 Carlton Arms Blvd

Address

Winter Haven, FL 33884

City, State & Zip

863-605-5820

Daytime Telephone number

briannaSepulveda@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

RECEIVED
12 OCT 12 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 2, 2012

BRIANNA SEPULVEDA
7589 CARLTON ARMS BLVD
WINTER HAVEN, FL 33884

SUBJECT: ARYANNAS HOPE
Ref. Number: W12000050500

We have received your document for ARYANNAS HOPE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) I.

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.

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.

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

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.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 112A00024450

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

ARTICLE I NAME

The name of the corporation shall be:

Aryanna's Hope Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7589 Carlton Arms Blvd
Winter Haven, FL 33884

Mailing address, if different is:

P.O. Box 3978
Lake Wales, FL 33859-3978

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Raised money for my daughter Aryanna Smith Medical Bills. This organization will help my sick child, who has a Rare Brain disorder. She has had Brain Surgery and is possible she will have more Surgery. This will help us Raised money to pay Hospital Bills 3

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: medical staff to help with her treatment
Founder - (Brianna D. Sepulveda), Larry Smith - Appointed by founder
Jessie Mae Smith - Appointed by founder.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brianna D. Sepulveda

Address: 7589 Carlton Arms Blvd

Winter Haven, FL 33884

Title: (Director) and founder of Inc.

Name and Title: Larry Smith (Director)

Address: 7589 Carlton Arms Blvd

Winter Haven, FL 33884

Name and Title: Jessie Mae Smith (Director)

Address: 2315 Friedlander Rd

Lake Wales, FL 33897

ARTICLE VI REGISTERED AGENT

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

Name: Brianna Sepulveda

Address: 7589 Carlton Arms Blvd

Winter Haven, FL 33884

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brianna D. Sepulveda

Address: 7589 Carlton Arms Blvd

Winter Haven, FL 33884

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

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

Date

FILED
12 OCT 12 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FL