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Certified Copies	Çertificates	s of Status	
Special Instructions to F	iling Officer:		





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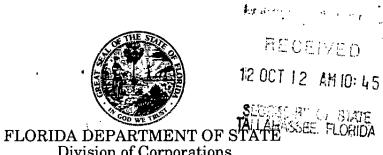
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3 SECRETARY OF STATE
VALLAHASSEE, FLOW'S

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COVER LETTER

Department of State			
Division of Corporations			•
P. O. Box 6327			"
Tallahassee, FL 32314			
SUBJECT:	(PROPOSED CORPORATI	HODE E NAME – MUST INCLUDES	ŲFFIX)
Enclosed is an original and	d one (1) copy of the Artic	les of Incorporation and a ch	ck for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL COPY	REQUIRED
FROM: _	Name (Prin	nted or typed) Opulv	eda
 -	7589 Ca	aton Arms	Read
	Danter Hai	100, FL 335 ate & Zip	884
-	COS - COS Daytime Tele	5-5820 ephone number	;
DE-TI	mail address: (to be used for fu	DUVE do ()	ahoo.com

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



Division of Corporations

October 2, 2012

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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

District of Communities D.O. DOV 6207 Wellshooms Florida 20214

4.7 ARTICLES OF INCORPORATION In compliance with Chapter 617, F.S., (Not for Profit) ARTICLE I NAME tryanna's Hope Inc. The name of the corporation shall be: PRINCIPAL OFFICE Principal street address Mailing address, if different is: ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: TO Raised money for my daughter Ayanna Suith Hedical Bills. This organization will help my sich 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 MANNER OF ELECTION The manner in which the directors are elected and appointed: Medical Staff to ounder-(Briance O. Sepulueda), carry suith - Appointed by founder help with her treatment Martton Arms RLud Address: founder of Inc. Suith (Dicector) Name and Title: Address: Carlton AIMS BLVd Address: winter Hoven FL 11th (Director Name and Title: Name and Title: Address: Friedlander Address: are water, FL REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Sepulveda 7589 Carlton Aims Blud Address: Winter Haven, FL 33884 ARTICLE VII **INCORPORATOR** The name and address of the Incorporator is: Name: Address: action Having-been named as registered agenting accept service of process for the above stated corporation at the place designated in this ertifica)e, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent

T 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