

N12000011281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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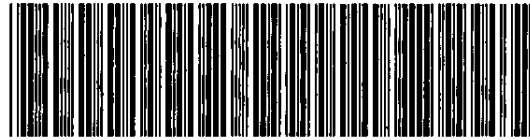
(Business Entity Name)

(Document Number)

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12 DEC -3 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
12/4/12

COVER LETTER

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

SUBJECT: Hopeful Art 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: Sean Bantner
Name (Printed or typed)

3610 Shadowood Drive
Address

Valrico, FL 33596
City, State & Zip

(407) 462-8490
Daytime Telephone number

seanbantner@gmail.com
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Hopeful Art Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3610 Shadowood Drive
Valrico, FL 33596

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is a nonprofit public benefit corporation organized to be a relief to the distressed from medical expenses.
Notwithstanding anything herein to the contrary, the purposes of this corporation are limited to exclusively to exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code. In the event of dissolution, all assets after paying liabilities will be turned over to another 501(c)(3) organization.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Elected at the annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sean Bantner, Founder
Address: 3610 Shadowood Drive
Valrico, FL 33596

Name and Title: _____
Address: _____

Name and Title: Adam Bantner, Director
Address: 17446 New Cross Circle
Lithia, FL 33547

Name and Title: _____
Address: _____

Name and Title: Melinda Mosser, Director
Address: 3610 Shadowood Drive
Valrico, FL 33596

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: Sean Bantner
Address: 3610 Shadowood Drive
Valrico, FL 33596

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sean Bantner
Address: 3610 Shadowood Drive
Valrico, FL 33596

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

Sean Bantner

11-28-12

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

Sean Bantner

11-28-12

Date