

N 130000005903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

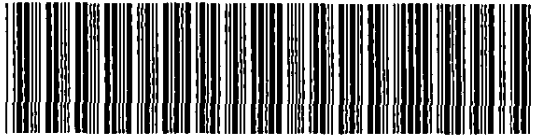
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUN 24 PM 4: 27

gr 6/24/13

## COVER LETTER

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

**SUBJECT:** HHHH, 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:** Charles A. Wolf  
Name (Printed or typed)

8870 N. Himes Ave Ste 354  
Address

Tampa, FL 33614  
City, State & Zip

707-969-7478  
Daytime Telephone number

HHHHinc1@gmail.com  
E-mail address: (to be used for future annual report notification)

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

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

**ARTICLE I NAME**

The name of the corporation shall be: HHHH, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

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Principal street address:  
8870 North Himes Avenue  
Suite #354  
Tampa, FL 33614

Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To assist indigent people of Hispanic/Latino  
origin to return to their native country and to their families by providing  
financial assistance for their temporary food and shelter plus clothing  
and a means for their safe transport to their country of origin.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: The Chairman  
of the Board of Directors will appoint up to 6 Directors to serve for up to a 2 year term.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Charles Wolf, Dir/Pres/CFO

Name and Title: \_\_\_\_\_

Address: 8870 North Himes Avenue

Address: \_\_\_\_\_

Suite #354

Tampa, FL 33614

Name and Title: Luis Rosales, Dir/EVP/Secty

Name and Title: \_\_\_\_\_

Address: 8870 North Himes Avenue

Address: \_\_\_\_\_

Suite #354

Tampa, FL 33614

Name and Title: Thomas Hanlon, Dir

Name and Title: \_\_\_\_\_

Address: 8870 North Himes Avenue

Address: \_\_\_\_\_

Suite #354

Tampa, FL 33614

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

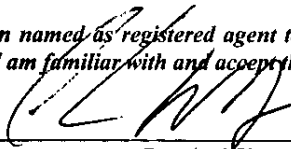
Name: Charles Wolf  
Address: 8870 N. Himes Ave Ste 354  
Tampa, FL 33614

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Charles Wolf  
Address: 8870 N. Himes Ave Ste 354  
Tampa, FL 33614

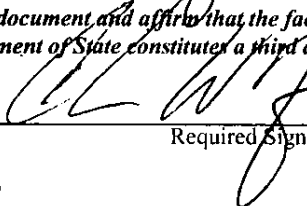
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature of Registered Agent

6/21/13  
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

6/21/13  
Date

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