

N130000011463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

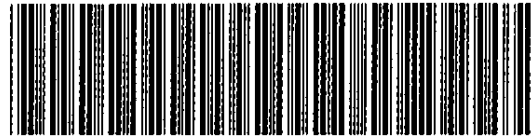
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400255102034

12/31/13--01010--018 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 DEC 31 PM 12:19

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: ENVISION HOPE, 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: DOLLIE M. MOTEN
Name (Printed or typed)

PO BOX 180441
Address

Tallahassee, FL 32318
City, State & Zip

(850) 559-3815 OR 856-5648
Daytime Telephone number

dollie-mt@enab.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)

ARTICLE I NAME

The name of the corporation shall be: ENVISION HOPE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

34 West Circle Dr.

Gretna Fl, 32332

Mailing address, if different is:

P.O. Box 180441

Tallahassee Fl, 32318

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO Educate exconvicts, Rehabilitation Counseling

TO help those in The Community, get Jobs, Have a better life.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

DOLLIE M. MOTEN, as stated in bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DOLLIE M. MOTEN, Presid Name and Title: _____

Address: PO Box 180441 Address: _____

Tallahassee, FL 32318

Name and Title: DOLLIE M. MOTEN, Presid Name and Title: _____

Address: PO Box 180441 Address: _____

Tallahassee, FL 32318

Name and Title: DOLLIE M. MOTEN, Presid Name and Title: _____

Address: PO Box 180441 Address: _____

Tallahassee, FL 32318

RECEIVED
STATE
TALLAHASSEE, FLORIDA

13 DEC 31 PM 12:15

APPROVED
AND
FILED

Name and Title: DOLLIE M. MOTEN, President Name and Title: _____

Address P.O. Box 180441 Address: _____
Tallahassee, FL 32318 _____

Name and Title: DOLLIE M. MOTEN, President Name and Title: _____

Address P.O. Box 180441 Address: _____
Tallahassee, FL 32318 _____

ARTICLE VI REGISTERED AGENT

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

Name: DOLLIE M. MOTEN
34 West circle drive
Address: P.O. Box 180441
Gretna, FL 32332
Tallahassee, FL 32318

Effective date:

1-1-14

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DOLLIE M. MOTEN
Address: P.O. Box 180441
Tallahassee, FL 32318

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

Dollie M. Moten
Required Signature of Registered Agent

1-1-14
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.

Dollie M. Moten
Required Signature of Incorporator

1-1-14
Date

RECEIVED
FILED
13 DEC 31 PM 12:19
TALLAHASSEE, FLORIDA