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COVER LETTER

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

SUBJECT: S.HOE LACE INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

ishelosed is all original a	nd one (1) copy of the At	ticles 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: Mr. Charles Belfield Name (Printed or typed)
P.O. Box 5982 Address
Lake Worth, Florida 33466
561-502-0445 Daytime Telephone number
belfieldc@ymail.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: 5. H.O.E. LACE INC.	·
ARTICLE II PRINCIPAL OFFICE	
Principal street address: 1504 NW 21st Street P.O. Box 5982	
Boynton Beach, Florida 33436 Lake Worth, Florida 3.	3466
ARTICLE III PURPOSE The purpose for which the corporation is organized is: The Community Service Restitution	Guided
Growth Program is to provide a program to help juvenile offend	
understand their role as a member of society. Also for them t	
accountable and responsible for their actions Participants will Kn	
Certain behaviors will not be tolerated and they have to earn mone	
restitutions to victims. The goal also is to provide positive educa	7 /
and learning experiences for youth.	
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:	tors are
elected and appointed by the President at this time.	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: Mr. Charles Belfield, President Name and Title: Mrs. Daphne Belfield,	
Address P.O. Box 5982 Address: Vice President	
Lake Worth, Florida 33466 P.O. Box 5982	
Lake Worth, Florida 33466	
Name and Title: Deputy Spencer Thompson Name and Title: Mr. Monroe Thompson	
Address Pinter Security Address: Transportation Director	TY SIVIO
1128 Texus Street 1130 Lousiana Ave	NISION C
Clewiston, Florida 33440 Clewiston, Florida 33440	
	TAR OF C
Name and Title: MA Name and Title: MA	ARY OF CO
Name and Title: Name and Title: NAME Address:	TARY OF STATE OF CORPORATIONS

· Name and Title:	. N/A	Name and Title:	
Address	•	Address;	
Name and Title: Address	N/A	Name and Title: MA Address:	·
ARTICLE VI The name and FI Name:	REGISTERED AGENT Norida street address (P.O. Box NOT acc Mr. Chales Belfield		DIVISION OF I
Address:	1504 NW 21st Street Boynton Beach, Floric INCORPORATOR		B PM 4: 08
The name and ad Name: Address:	Mr. Charles Belfield Pro-Box 5982 19 Lake Worth Horida	304 NW 21st Str 33466 Boynton Be	*
Charles Bellsubmitthis docu	ned as registered agent to accept services imiliar with and accept the a ppointment	e of process for the above stated corpor as registered agent and agree to act in the d Agent Belficial rein are true. I am aware that any false i	ration at the place designated in this his capacity 1-31-2014 Date Information submitted in a document
Charles	Bel fixid Required Signature of Inco	rporator	1-31-2014 Date

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