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COVER LETTER

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

SUBJECT: Hope 1 Ministries Incorporated

(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

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	Monica Lucker
	Name (Printed or typed)
	1901 W. Sligh Ave.
	Address
	Tampa,Florida 33604
	City, State & Zip
	042 227 2055

813-237-2055

Daytime Telephone number

tckrmnc@yahoo.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)

	rILEU	
SECRE	TARY OF STAPE	
/ISION	OF CORPORATIO	1

ARTICLE I NAME The name of the corporation shall be: Hope 1 Miles	nistries Incorporated
	2814 APR 1 1 PH 3: 2 I
ARTICLE II PRINCIPAL OFFICE	Mailing adding if different in
Principal <u>street</u> address: 1901 West Sligh Ave.	Mailing address, if different is:
Tampa, Florida 33604	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	help ordinary people everywhere experience God's love,
by bringing a message of hope, restoration,	encouragement,consolation and comfort everywhere
we are able to share the Gospel of Jesus Christ, thro	ough Bible study, conference speaking, discipleship,
education, evangelism, market place ministr	ry and development, missions, para-church ministries.
To bring hope to the world one person	n at a time, to impact the word and change lives
ARTICLE IV MANNER OF ELECTION The r	namer in which the directors are elected and appointed:
at the time of incorporatiom, Future directors will be at the discretion and appointment of	••
ARTICLE V INITIAL OFFICERS AND/OR D	<u>IRECTORS</u>
Name and Title: Monica Tucker	Name and Title:
2533 Stanley Mathew Cir.	Address:
Tampa, Florida	
	_
Name and Title:	Name and Title:
Address	Address:
	N I Tild.
Name and Title:	
Address	Address:

Name and Title:_	Name and Title: XECRETARY OF STATE Name and Title: NVISION OF CURTURATE A
Address	Address: 2014 APR II PH 3: 21
Name and Title:	Name and Title: Address:
ARTICLE VI	REGISTERED AGENT
The <u>name and Flo</u>	orida street address (P.O. Box NOT acceptable) of the registered agent is: Monica Tucker
Name:	
Address:	2533 Stanley Mathew Cir
	Tampa,Florida 33604
ARTICLE VII	INCORPORATOR
The <u>name and add</u>	dress of the Incorporator is:
Name:	Monica Tucker
Address:	2533 Stanley Mathew Cir.
	Tampa, Florida 33604
Having been nam certificates I am fa	4-10-19
,	Required Signature of Registered Agent Date
I submit this document to the Department	nyent and affirm that the facts stated herein are true. I am aware that any false information submitted in a document of State constitutes a third degree felony as provided for in s.817.155, F.S.
11.0	Required Signature of Incorporator Date