

N14000004846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

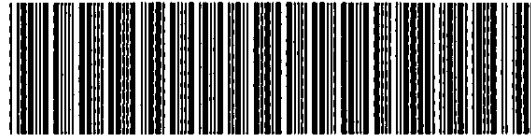
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ADDED TERM "APPOINTMENT"
TO ARTICLE IV (MANNER)
PER TELEPHONE CONVERSATION
WITH KATIA CLERVIL.

K 05/21/14

Office Use Only



600259246006

05/05/14--01038--019 **78.75

FILED
14 MAY 20 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W14-29063

K 05/21/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2014

KATIA CLERVIL
99 MW 183RD
SUITE 130
MIAMI GARDENS, FL 33169

SUBJECT: HOPE-R-US
Ref. Number: W14000029063

We have received your document for HOPE-R-US and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The registered agent must have a Florida street address. A post office box is not acceptable.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 914A00009819

COVER LETTER

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

SUBJECT: HOPE-Q- US 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: Katia clervil
Name (Printed or typed)

99 NW 183rd, suite 130
Address

Miami Gardens FL 33169
City, State & Zip

786-379-4855
Daytime Telephone number

Kclervil@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)

ARTICLE I NAME

The name of the corporation shall be: HOPE R US Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

99 NW 183rd Street, suite 130
Miami Gardens Florida 33169

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide tutorial, mentoring
and afterschool services to the community. And to help
the youth in the community to make transformative (KC)
decisions.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: by Educational
Background and Community Service hours - APPOINTMENT

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Katia clervil, President</u>	Name and Title:	<u>Eugene clervil, Board Member</u>
Address	<u>21425 S. Ingraham Ave</u> <u>Miami FL 33189</u>	Address:	<u>21425 S. Ingraham Ave</u> <u>Miami FL 33189</u>

Name and Title:	<u>Chemel Simonville, Board Member</u>	Name and Title:	<u>Jacques Hetellus, Board Member</u>
Address	<u>1450 NE 140 Street</u> <u>Miami FL 33161</u>	Address:	<u>1450 NE 140 Street</u> <u>Miami FL 33161</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

FILED
14 MAY 20 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Kaha Cervil

Address: 21485 S. Ingraham Ave
Miami Florida 33189

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TALLAHASSEE, FLORIDA

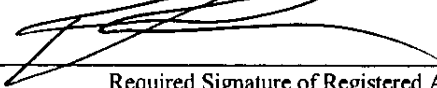
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kaha Cervil

Address: 21485 S. Ingraham Ave
Miami Florida 33189

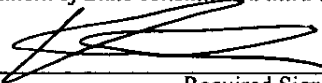
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

5/16/2014
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

5/16/2014
Date