

N14000004969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

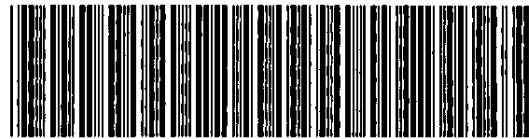
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: BAGS OF HOPE AND KINDNESS, 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: KATHY MOTTLE

Name (Printed or typed)

19204 NE 25TH AVE #312

Address

MIAMI, FL 33180

City, State & Zip

305-300-4665

Daytime Telephone number

KMOTTLE@HOTMAIL.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: BAGS OF HOPE AND KINDNESS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
19024 NE 25TH AVENUE
UNIT 312
MIAMI, FL 33180

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For charitable purposes of distributions to
organizations that qualify as exempt under section 501 (c) 3 of the IRS code.
The corporation is organized to provide people in need of basic necessities.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Is provided
in the bylaws of the corporations.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Kathy Mottle, President</u>	Name and Title:	_____
Address	<u>19204 NE 25th Ave</u>	Address:	_____
	<u>Unit #312</u>		_____
	<u>Miami, FL 33180</u>		_____
Name and Title:	<u>Eleni Hassiotis, VP</u>	Name and Title:	_____
Address	<u>19930 20th Ct.</u>	Address:	_____
	<u>North Miami Beach, FL 33179</u>		_____
Name and Title:	<u>Deborah Schott, Secretary</u>	Name and Title:	_____
Address	<u>256 Three Island Blvd.</u>	Address:	_____
	<u>Apt. #101</u>		_____
	<u>Hallandale, FL 33009</u>		_____

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: Kathy Mottle
Address: 19204 NE 25th Ave, #312
Miami, FL 33180

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kathy Mottle
Address: 19204 NE 25th Ave, #312
Miami, FL 33180

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

Kathy Mottle

Required Signature of Registered Agent

05/17/2014

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.

Kathy Mottle

Required Signature of Incorporator

05/17/2014

Date