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(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

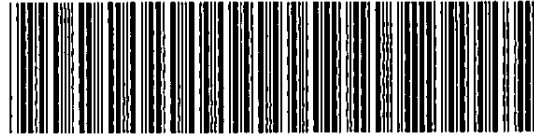
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FILED
SECRETARY OF STATE
DIVISION OF REGISTRATION
141 South 8th St
Tallahassee, FL 32301
141 South 8th St
Tallahassee, FL 32301
141 South 8th St
Tallahassee, FL 32301

5-5-14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2014

ETHEL WARE BAILS
1514 CLEARLAKE RD #14
COCOA, FL 32922

SUBJECT: MAN'S HANDS OF HOPE BREVARD INC
Ref. Number: W14000031867

We have received your document for MAN'S HANDS OF HOPE BREVARD INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 714A00010934



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2014

ETHEL WARE BAILS
1514 CLEARLAKE RD #14
COCOA, FL 32922

SUBJECT: MUR'S HANDS OF HOPE BREVARD INC
Ref. Number: W14000031867

We have received your document for MUR'S HANDS OF HOPE BREVARD INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Can't use the online filing form to file by mail.

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Joey Bryan
Regulatory Specialist II Supervisor

Letter Number: 214A00011555

COVER LETTER

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

SUBJECT: Mur's Hands of Hope of Brevard, 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: Ethel Ware Bails

Name (Printed or typed)

1514 Clearlake Road #14

Address

Cocoa, FL 32922

City, State & Zip

(321) 735-4194

Daytime Telephone number

ethelwarebails@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)RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN -4 AM 8:40**ARTICLE I NAME**

The name of the corporation shall be:

Mur's Hands of Hope of Brevard, Inc.**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1514 Clearlake Road #14

Mailing address, if different is:

SameCocoa, FL 32922**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To protect and serve the elderly, to keep
young students in school and out of jail, to find help for the ones coming out
of jail and to help the veterans**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Directors☒ are personally appointed by Ethel Ware Bails**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Ethel Ware Bails, PresidentAddress: 1514 Clearlake Rd. #14
Cocoa, FL 32922Name and Title: Cynthia D. Settles, NurseAddress: 5485 Timberleaf Blvd. #1315
Orlando, FL 32811Name and Title: Danielle D. Chapman, CounselorAddress: 8239 Claire Ann Dr. #201
Orlando, FL 32825Name and Title: Darius L. Jutt, VPAddress: 1514 Clearlake Rd. #39
Cocoa, FL 32922Name and Title: Jarius R. Johnson, DriverAddress: 341 Cocoa Lake #304
Cocoa, FL 32922Name and Title: Marilyn R. Smith, Sec.Address: 1056 Park Drive
Cocoa, FL 32922

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: Ethel Ware Bails
Address: 1514 Clearlake Rd. #14
Cocoa, FL 32922**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Ethel Ware Bails
Address: 1514 Clearlake Rd #14
Cocoa, FL 32922

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

Ethel Ware Bails
Required Signature of Registered Agent6-2-14
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.

Ethel Ware Bails
Required Signature of Incorporator6-2-14
Date