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(Business Entity Name)

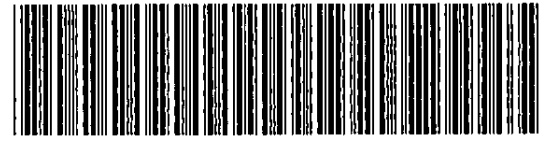
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SECRETARY OF STATE  
DIVISION OF REGISTRATION  
141 South 4th St  
Tallahassee, FL 32399  
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Tallahassee, FL 32399

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)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: Mur's Hands of Hope of Brevard, Inc.

14 Jun -4 AM 8:40

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1514 Clearlake Road #14

Cocoa, FL 32922

Mailing address, if different is:

Same

**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, President

Address: 1514 Clearlake Rd. #14  
Cocoa, FL 32922

Name and Title: Cynthia D. Settles, Nurse

Address: 5485 Timberleaf Blvd. #1315  
Orlando, FL 32811

Name and Title: Danielle D. Chapman, Counselor

Address: 8239 Claire Ann Dr. #201  
Orlando, FL 32825

Name and Title: Darius L. Jutt, VP

Address: 1514 Clearlake Rd. #39  
Cocoa, FL 32922

Name and Title: Jarius R. Johnson, Driver

Address: 341 Cocoa Lake #304  
Cocoa, FL 32922

Name 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 Agent

6-2-14  
 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 Incorporator

6-2-14  
 Date