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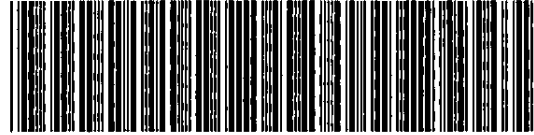
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Per conversation with Mr.  
Robert W Edwards file every page  
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## COVER LETTER

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

SUBJECT: **HOPE KID 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: **Albert A. Shaffer**

Name (Printed or typed)

**2800 US HWY 17/92 W Lot 77**

Address

**Haines City, FL 33844**

City, State & Zip

**(863) 353-9761**

Daytime Telephone number

**AlShaffer1792@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 Kid Inc

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
2800 US HWY 17/92 W

Lot 77

Haines City, FL 33844

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: We are organized to make sure no kid goes with out food on weekend by doing Backpack for kids and make sure the have the items they need to start the school Year.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: All directors  
Elected every 4yrs at the annual meeting.

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Al Shaffer President  
Address: 2800 US HWY 17/92 W Lot 77  
Haines City, FL 33844

Name and Title: Robert Edwards Vic President  
Address: 2800 US HWY 17/92 W Lot 77  
Haines City, FL 33844

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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Name and Title: Albert A Shaffer President

Address: 2800 US HWY 17/92 W  
Lot 77  
Haines City, FL 33844

Name and Title: Robert W Edwards Vic President/Secretary

Address: 2800 US HWY 17/92 W  
Lot 77  
Haines City, FL 33844

Name and Title: Christy M Shaffer Trearurer

Address: 3000 US HWY 17/92 W  
Lot 77  
Haines City, FL 33844

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

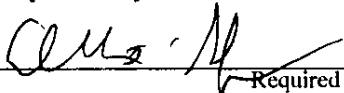
\_\_\_\_\_

*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

\_\_\_\_\_  
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

5-23-14

\_\_\_\_\_  
Date

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: Albert A Shaffer  
Address: 2800 US HWY 17/92 W Lot 77  
Haines City, FL 3884

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Albert A Shaffer  
Address: 2800 US Hwy 17/92 W Lot 77  
Haines City, FL 33844

*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

06/09/2014

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

06/09/2014

Date

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STATE

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FILED

## ***HOPE KID INC.***

### **Mission Statement**

Hope Kid Inc. was Established in 2014, Hope Kid Inc. is a non-profit organization initiative aimed at providing food for kids. Who are unable to afford them. We at Hope Kids Inc. understand how hard it can be when times are tough and money is tight, and we hope to reduce the number of such separation by providing food and other necessities as needed.