

014000005649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

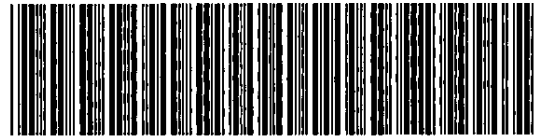
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B. 6/13/14



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06/06/14--01013--021 **79.75

RECEIVED
DIVISION OF CORPORATIONS
JUN -6 PM 4:31

COVER LETTER

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

SUBJECT: Ali's Hope Foundation, 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: Joe Gallagher
Name (Printed or typed)

1015 Terry Drive
Address

Altamonte Springs, FL 32714
City, State & Zip

407-463-5240
Daytime Telephone number

jgallagher@gallaghergroupwm.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: Ali's Hope Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1015 Terry Drive

Altamonte Springs, FL 32714

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This organization is organized exclusively for charitable
purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any
future federal tax code. Upon dissolution of this organization, assets shall be distributed for one or
more exempt purposes within the meaning of code section 501(c)(3) of the Internal Revenue Code
or corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: In accordance
with the bylaws adopted by the corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joe Gallagher, President Name and Title: Henry Danish, Vice President

Address: 1015 Terry Drive Address: 868 Bighorn Street
Altamonte Springs, FL 32714 Oviedo, FL 32765

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

7110
SECTION 617.01
DIVISION OF CORPORATIONS
18 JUN -6 PM 4:31

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: Joe Gallagher

Address: 1015 Terry Drive
Altamonte Springs, FL 32714

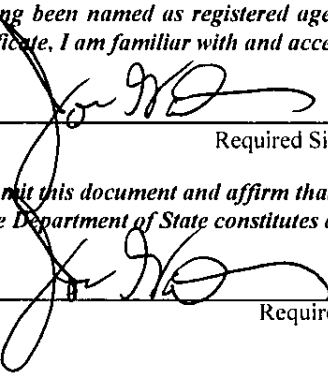
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Joe Gallagher

Address: 1015 Terry Drive
Altamonte Springs, FL 32714

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

6/3/2014
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

6/3/2014
Date

14 JUN - 6 PM 4:31
DIVISION OF CORPORATE AFFAIRS
STATE OF FLORIDA