

N140000008/20

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

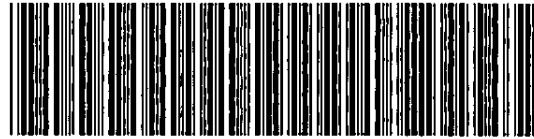
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-40812

Office Use Only



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06/30/14--01006--013 **87.50

14 SEP -2 PM 12:55
SECRETARY OF STATE
TALLAHASSEE FL 32310

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: **A Bridge of Hope Ministries**

(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: **Kimberly Benson**

Name (Printed or typed)

503 E. Jackson Street #322

Address

Tampa, Florida 33602

City, State & Zip

901-487-6577

Daytime Telephone number

BuildingBridgesTogether@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2014

KIMBERLY BENSON
503 E. JACKSON STREET #322
TAMPA, FL 33602

SUBJECT: A BRIDGE OF HOPE MINISTRIES
Ref. Number: W14000040812

We have received your document for A BRIDGE OF HOPE MINISTRIES 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 name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 214A00014252

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: A Bridge of Hope Ministries Incorporated

ARTICLE II PRINCIPAL OFFICE

14 SEP -2 PM 12: 55

Principal street address:
503 E. Jackson Street #322
Tampa, FL 33602

Mailing address, if different:
P.O. Box 3960, Cordova, TN 38088

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
Restore lives and rebuild hope for those who are hungry, incarcerated, victimized, and broken.
We provide direct client needs, community education, advocacy, and spiritual support to our target populations.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

Voting at board meetings.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kimberly Benson, P
Address: 7938 Hunters Crossing Drive
Cordova, TN 38018

Name and Title: Daryl Benson, VP
Address: 7938 Hunters Crossing
Cordova, TN 38018

Name and Title: Frances Morris-Hopson, S
Address: 1772 Meadow Bark Cove
Cordova, TN 38018

Name and Title: Reginald Purham, AMBR
Address: 4842 Valley Von Way
Arlington, TN 38002

Name and Title: Grace Hilton-Young, D
Address: 3407 Tutwiler Avenue
Memphis, TN 38122

Name and Title: _____
Address: _____

APPROVED
AND
FILED

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____ 14 SEP -2 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Kimberly Benson
Address: 503 E. Jackson Street #322
Tampa, FL 33602

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daryl Benson
Address: 503 E. Jackson Street #322
Tampa, FL 33602

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

Kimberly L. Benson
Required Signature of Registered Agent

08/28/2014
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.

Daryl Benson
Required Signature of Incorporator

08/28/2014
Date