

11/4000008308

(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:

Office Use Only



800263513898

08/21/14--01007--022 \*\*78.75

FILED

2014 SEP -4 PM 7:14

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

WM-52038

## COVER LETTER

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

SUBJECT: **BLACK DIAMOND 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: **GERALD R BAKER**  
Name (Printed or typed)

**2662 US HWY 17-92 N**  
Address

**HAINES CITY, FL 33844**  
City, State & Zip

**863-422-8102**  
Daytime Telephone number

**GBAKER1029@AOL.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

August 25, 2014

GERALD R. BAKER  
2662 US HWY 17-92 N  
HAINES CITY, FL 33844

SUBJECT: BLACK DIAMOND HOPE FOUNDATION, INC.  
Ref. Number: W14000052038

We have received your document for BLACK DIAMOND HOPE FOUNDATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 214A00018268

RECEIVED  
14 SEP -4 AM 10:56  
TALLAHASSEE, FLORIDA

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

**FILED**

2014 SEP-4 PM 7:14

SECRETARY OF STATE  
TALLAHASSEE, FL 32310

**ARTICLE I NAME**

The name of the corporation shall be: BLACK DIAMOND HOPE FOUNDATION, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
2662 US HWY 17-92 N

Mailing address, if different is: \_\_\_\_\_

HAINES CITY, FL 33844

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PURPOSE IS TO RAISE FUNDS TO SUPPORT CANCER AND DIABETIC  
RESEARCH AND CURES. ALSO TO HELP WITH FUNDING OF EDUCATION SUPPORT FOR UNDER PRIVILEGE  
STUDENTS, HELPING THEM REACH THE GOAL OF HIGHER EDUCATION.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_  
THE METHOD OF ELECTION OF DIRECTORS IS AS STATED IN THE BYLAWS

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

Name and Title: GERALD R BAKER

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

Address: 2662 US HWY 17-92 N  
HAINES CITY, FL 33844

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

Name and Title: CAMERON L ANTHONY

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

Address: 2662 US HWY 17-92 N  
HAINES CITY, FL 33844

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

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

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

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

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

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: GERALD R BAKER

Address: 2662 US HWY 17-92 N  
HAINES CITY, FL 33844

**ARTICLE VII INCORPORATOR**

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

Name: GERALD R BAKER

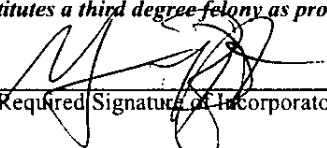
Address: 2662 US HWY 17-92 N  
HAINES CITY, FL 33844

*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

8/19/14  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

8/19/14  
\_\_\_\_\_  
Date