

N14000009114

(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

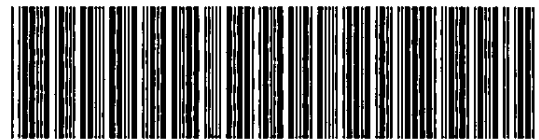
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OCT 02 2014

T. SCOTT



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2014

SHIVOM PATEL, ESQ.
7025 CR46A, SUITE 1071, PMB 353
LAKE MARY, FL 32746

SUBJECT: HOPE4EMMA, INC.
Ref. Number: W14000054693

We have received your document for HOPE4EMMA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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: 014A00019129

COVER LETTER

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

SUBJECT: ~~Hope4Emma, Inc.~~ Cure4DIPG Project, 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: Shivon Patel, Esq.
Name (Printed or typed)

7025 CR46A, Suite 1071, PMB 353
Address

Lake Mary, Florida 32746
City, State & Zip

407-322-3003
Daytime Telephone number

~~Hope4Emma@yahoo.com~~ cure4dipg.project@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:

~~Hope4Emma, Inc.~~ Cure4DIPG Project, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

~~P.O. Box 952056~~ 248 Bald Eagle Run

Mailing address, if different is:

Same as principal street address

~~Lake Mary, Florida 32795-2056~~

Lake Mary, Florida 32746

ARTICLE III PURPOSE

This organization is organized exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code or corresponding section of any future federal tax code. Notwithstanding other language or provisions in this document, the purpose of this organization will be limited exclusively to exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code or any corresponding section of any future federal tax code. Upon dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

The election of directors shall be set forth on the Bylaws of the Non-profit Corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Augusta Godinho, President

Address:

248 Bald Eagle Run
Lake Mary, Florida 32746

Name and Title: ~~Donna Marques, Secretary~~

Address:

~~549 Fox Hunt Circle
Longwood, Florida 32750~~

REMOVE

Name and Title: Trina Keelan Rawlin, Vice President

Address:

2812 Jacana Court
Longwood, Florida 32779

Name and Title: Emily Everix

Address:

2825 Kokomo Loop
Haines City, Florida 33844

Name and Title: Amanda Godinho, Treasurer

Address:

248 Bald Eagle Run
Lake Mary, Florida 32746

Name and Title:

Address:

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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: Augusta Godinho

Address: 248 Bald Eagle Run
Lake Mary, Florida 32746

ARTICLE VII INCORPORATOR

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

Name: Augusta Godinho

Address: 248 Bald Eagle Run
Lake Mary, Florida 32746

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

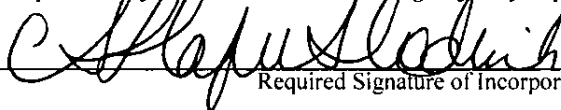


Required Signature of Registered Agent

8/29/14

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

8/29/14

Date

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SECTION 17.000, CHAPTER 687, F.S.
DIVISION OF CORPORATIONS