

N14000009806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

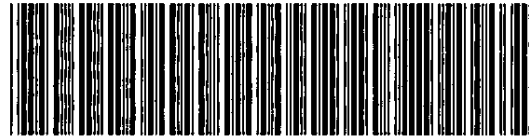
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 OCT 22 AM 11:12
SECRETARY OF STATE
HALLMARK BUILDING

K 10/24/14

COVER LETTER

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

SUBJECT: REACHING FOR HOPE CORP.
(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: Karla Smith.
Name (Printed or typed)

4120 SW 149th Ave
Address

MIRAMAR, FL 33027
City, State & Zip

305-318-9242
Daytime Telephone number

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:

REACHING FOR HOPE CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4120 SW 149th TERR
MIRAMAR, FL 33027

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WE WANT TO PROVIDE ON
SERVING AND PROVIDING COMPASSIONATE CARE TO THOSE
IN NEEDS ALL ACROSS THE UNITED STATES AND AROUND
THE WORLD. SUPPLYING WITH STABLE RESOURCES IN
PRIORITY AREAS OF EMERGENCY AIDS, HEALTH, EDUCATION
SUSTAINABLE DEVELOPMENT AND NUTRITION

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

BY VOTE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

KARLA SMITH-D

Name and Title:

Address:

4120 SW 149th TERR
MIRAMAR, FL 33027

Address:

Name and Title:

THOMAS SMITH-D

Name and Title:

Address:

4120 SW 149th TERR
MIRAMAR, FL 33027

Address:

Name and Title:

JUDITH FLORES-D

Name and Title:

Address:

9809 W Okechobee
RD
Hialeah Gardens, FL
33016

Address:

SECRET
FILE
11/11/2011 11:11 AM

14 OCT 22 AM 11:12

FILED

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:

KARLA SMITH

Address:

4120 SW 149th TERR
MIRAMON, FL. 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

KARLA SMITH

Address:

4120 SW 149th TERR
MIRAMON, FL. 33027

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

X

[Signature]

Required Signature of Registered Agent

10/20/2014

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.

X

[Signature]

Required Signature of Incorporator

10/20/2014

Date