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Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Certificates of Status Special Instructions to Filing Officer: Special Instructions to Filing Officer:	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Certificates of Status Special Instructions to Filing Officer: Special Instructions to Filing Officer:	
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COVER LETTER

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

SUBJECT: Hope Eternal Partnership Enterprise, 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 Fœ & Certificate of Status S78.75 Filing Fee & Certified Copy

State State

ADDITIONAL COPY REQUIRED

FROM: Fred B. Munro

Name (Printed or typed)

1585 79th Avenue N

Address

St. Petersburg, FL 33702

City, State & Zip

727-657-9611

Daytime Telephone number

fmunro@aol.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: Hope Eternal Partnership Enterprise, Inc.

2022	Principal <u>street</u> address: 25 NE 34th Ct, #1714	<u></u>	Mailing address, if different is:		
Ave	entura, Florida 33180	······			
relieve human su microenterprise	PURPOSE r which the corporation is organized is: The uffering and abject poverty through social and ec development, economic development, and hu is objective by setting up sponsored programs and/or	conomic developm Iman service deve	elopment focused on U.S. areas and develo	ation or tra	aining, ntries.
and well-establ	lished in-country charitable organizations. Upo	n the dissolution o	of the corporation, assets shall be distributed	for one or	r more
exempt purpo	eses within the meaning of section 501(c	c)(3) of the Inter	nal Revenue Code, or the correspond	ling secti	ion of
any future fede	ral tax code, or shall be distributed to the fe	deral governmer	nt, or to a state or local government, for a	public pu	Irpose.
ARTICLE IV	MANNER OF ELECTION The ma	anner in which the		icers are elect	ted by the
<u>ARTICLE V</u>	INITIAL OFFICERS AND/OR DI	RECTORS			
	Edda Karina Rodriguez, President	RECTORS	Kristian E. Garcia, Vice President 20225 NE 34th Ct #1714		
	Edda Karina Rodriguez, President 20225 NE 34th Ct	Name and Title	20225 NE 34th Ct		
Addr e ss	Edda Karina Rodriguez, President 20225 NE 34th Ct #1714 Aventura, FL 33180	Name and Title Address:	20225 NE 34th Ct #1714 Aventura, FL 33180		
Address Name and Title	Edda Karina Rodriguez, President 20225 NE 34th Ct #1714 Aventura, FL 33180	Name and Title Address:	20225 NE 34th Ct #1714 Aventura, FL 33180		
Address Name and Title	Edda Karina Rodriguez, President 20225 NE 34th Ct #1714 Aventura, FL 33180 Karla Desnica, Vice President	Name and Title Address: Name and Title	20225 NE 34th Ct #1714 Aventura, FL 33180 Fred B. Munro, Secretary/Treasurer		
Name and Title Address Name and Title Address	Edda Karina Rodriguez, President 20225 NE 34th Ct #1714 Aventura, FL 33180 Karla Desnica, Vice President 20225 NE 34th Ct.	Name and Title Address: Name and Title	20225 NE 34th Ct #1714 Aventura, FL 33180 Fred B. Munro, Secretary/Treasurer 1585 79th Avenue North		5-

	* · · *		
Name and Title:_		Name and Title:	
Address		Address:	
-			
		Name and Title:	
. —			
	·······		
ARTICLE VI The name and Fle	REGISTERED AGENT orida street address (P.O. Box NOT accept	able) of the registered agent is	
Name:	Kristian E. Garcia	1010) 01 1.0 TOBIDIOLO UBOIL ID.	
Address:	20225 NE 34th Ct., #17	14	15 JAN
	Aventura, FL 33180		
ARTICLE VII The name and ad	INCORPORATOR dress of the Incorporator is:		
Name:	Fred B. Munro		아마 H 다 00
Address:	1585 79th Avenue N		-र्:
	St. Petersburg, FL 337)2	

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

Seithin

23 Dec 2014

Required Signature of Registered Agent

23 Dec 2014

Date

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