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COVER LETTER

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

SUBJECT: LITTLE HANDS OF HOPE LEARNING ACADEMY, INC
(PROPOSED CORPORATE NAMES – 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 & Certification of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: SABRINA HOPE WILLIS
Name (Printed or typed)

1525 RIVER REACH DRIVE, #228
Address

ORLANDO, FLORIDA 32828
City, State & Zip Code

(954) 696-2532
Daytime Telephone number

HOPESL@BELLSOUTH.NET
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: LITTE HANDS OF HOPE LEARNING ACADEMY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1525 RIVER REACH DRIVE
#228
ORLANDO, FLORIDA 32828

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE LEARNING ACADEMY IS ORGANIZED AS A FAITH-BASED NONPROFIT CORPORATION SOLEY AND EXCLUSIVELY FOR RELIGIOUS, CHARITABLE, EDUCATIONAL, SCIENTIFIC, AND LITERARY PURPOSES; INCLUDING FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTION TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)3 OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, AND SPECIFICALLY THOSE PURPOSES IDENTIFIED IN THE CORPORATION BYLAWS; HOWEVER THE LEARNING ACADEMY SHALL NOT PERFORM ANY ACT OR TRANSACT ANY BUSINESS THAT WILL JEOPARDIZE THE TAX EXEMPT STATUS OF THE CORPORATION UNDER SECTION 501(C)3 OF THE INTERNAL REVENUE CODE AND ITS REGULATION, AS SUCH SECTION AND REGULATIONS NOW EXIST OR MAY HEREAFTER BE AMENDED OR REVISED UNDER CORRESPONDING LAWS AND REGULATIONS HEREAFTER ADOPTED.

UPON DISSOLUTION OF LITTLE HANDS OF HOPE LEARNING ACADEMY, INC., ASSETS SHALL BE DISTRUBUTED 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 THE STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE.

SPECIFICALLY, THE LEARNING ACADEMY OFFERS COGNITIVE, VISUAL, TACTILE, AUDITORY, AND KINESTETIC TEACHING TO STUDENTS (OF WHICH SOME SHALL BE HEARING IMPAIRED) IN ORDER TO PREPARE THEM THEIR JOURNEY INTO PRIMARY AND SECONDARY EDUCATION.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: AS PROVIDED FOR IN THE BYLAWS; THE BOARD OF DIRECTORS INITIALLY WILL BE APPOINTED BY THE PRESIDENT. THEREAFTER, ELECTED BY A MAJORITY VOTE WITH FINAL APPROVAL BY THE PRESIDENT.

THE PRESIDENT, SABRINA HOPE WILLIS, SHALL HAVE LIFE TENURE AND HAS THE POWER TO NAME HER SUCCESSOR AND/OR PROCEDURES TO NAME SUCH IN THE EVENT OF HER DEMISE OR DUE TO EMOTIONAL, MENTAL OR PHYSICAL INCAPACITY.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VINCENT WILLIS – D

Name and Title: JAZZMINE HOPE – D

Address: 1525 RIVER REACH DRIVE

Address: 1525 RIVER REACH DRIVE

#228

#228

ORLANDO, FLORIDA 32828

ORLANDO, FLORIDA 32828

Name and Title: FELICIA PARKER – D

Name and Title: _____

Address: 756 BECKWITH STREET SW

Address: _____

ATLANTA, GEORGIA 30314

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: MR. VINCENT WILLIS

Address: 1525 RIVER REACH DRIVE

#228

ORLANDO, FLORIDA 32828

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MRS. SABRINA HOPE WILLIS

Address: 1525 RIVER REACH DRIVE

#228

ORLANDO, FLORIDA 32828

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 accepted the appointment as registered agent and agree to act in this capacity.

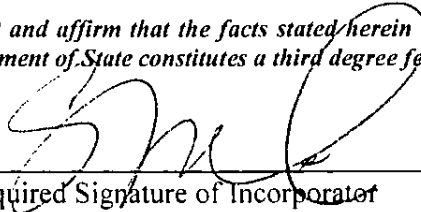


Required Signature of Registered Agent

1-21-15

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted on 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

1-21-15

Date