

N 15000002280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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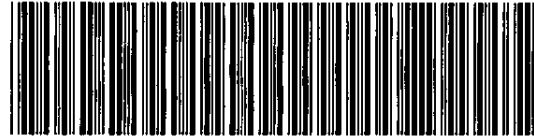
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2 5-15 CR

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

Help Hope Honor 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: \_\_\_\_\_

Eunice Williams

Name (Printed or typed)

8601 Youngerman Ct

Address

Jacksonville, FL 32244

City, State & Zip

904 265-8044

Daytime Telephone number

phdee056@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: Help, Hope, Honor Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

8601 Youngerman Ct  
Jacksonville, FL 32244

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To raise funds and bring  
awareness for non-profit organizations and  
group.

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JACKSONVILLE, FLORIDA

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Directors  
are appointed annually at annual meeting

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

Name and Title: Eunice Williams, Pres

Address: 597 Glasgow Ct  
Orange Park, FL  
32073

Name and Title: Chavis T. Gill, Dir

Address: 250 Cherry Ridge Dr  
Jacksonville, FL  
32222

Name and Title: Stanley M. Williams, VP

Address: 597 Glasgow Ct  
Orange Park FL  
32073

Name and Title: Stanley L. Williams

Address: 597 Glasgow Ct  
Orange Park, FL  
32222

Name and Title: Camille J. Gill, Tres.

Address: 250 Cherry Ridge Dr  
Jacksonville, FL  
32222

Name and Title: Natalie Galmore, sec

Address: 2781 Crumplehorn Ln  
Orange Park, FL  
32065

Name and Title: Robert Galmore, Director Name and Title: \_\_\_\_\_  
Address: 2781 Crumplehorn Ln Address: \_\_\_\_\_  
Orange Park, FL \_\_\_\_\_  
32065 \_\_\_\_\_

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: Eunice Williams  
Address: 597 Glasgow Ct  
Orange PK, FL 32073

**ARTICLE VII INCORPORATOR**

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

Name: Eunice Williams  
Address: 597 Glasgow Ct  
Orange PK, FL 32073

*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*

Eunice Williams  
Required Signature of Registered Agent

2/26/15  
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.*

Eunice Williams  
Required Signature of Incorporator

2/26/15  
Date