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CLERK OF STATE
TALLAHASSEE, FLORIDA

MD 3/20

COVER LETTER

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

SUBJECT: HEDGE AGAINST HOMELESSNESS, 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:

Yas Nahali

Name (Printed or typed)

6735 Conroy Rd. Suite
302

Address

Orlando, FL 32835

City, State & Zip

(407) 592-8644

Daytime Telephone number

ynahali@regalpointcapital.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: Hedge Against Homelessness, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6735 Conroy Rd.
Suite # 302
Orlando FL 32835

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Hedge Against Homelessness, Inc.
is a partnership with the homeless community that aims
to make a positive impact that's immediate, direct and
permanent. relies on passionate and driven volunteers
working with professional partners on a pro-bono basis.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

Directors are appointed by president.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vijay J. Mandla

Address: President

6735 Conroy Rd. Suite #302
Orlando FL 32835

Name and Title: Kristen L. Compton

Address: Executive Director

6735 Conroy Rd. Suite #302
Orlando FL 32835

Name and Title: Vas Nahali

Address: Assistant Director of

Operations

6735 Conroy Rd. Suite #302
Orlando, FL 32835

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

15 MAR 17 PM 12:50

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Vijay J. Manoliza

Address: 6735 Conway rd. suite #
302 orlando, FL 32835

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vijay J. Manoliza

Address: 6735 Conway rd. suite #
302 orlando, FL 32835

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

3/10/15
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.

Required Signature of Incorporator

3/10/15
Date