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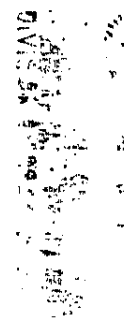
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15 JUN -9 AM 9:46



JUN 16 2015

T. SCOTT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JUN -9 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 8, 2015

GUERDA JOSEPH
2374 CENTERSTONE LANE
RIVIERA BEACH, FL 33404

SUBJECT: HUMANITARIAN ORGANIZATION FOR PEOPLE'S ESSENTIALS
(HOPE), INC
Ref. Number: W15000000804

We have received your document for HUMANITARIAN ORGANIZATION FOR PEOPLE'S ESSENTIALS (HOPE), INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The corporation name needs to be listed same throughout document.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 115A00000223

.COVER LETTER

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

SUBJECT: Humanitarian Organization for People's Essentials, 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: Guerda Joseph
Name (Printed or typed)

328 Knotty Pine Ridge Circle, Apt. C1
Address

Greenacres, FL 33467
City, State & Zip

561-420-2434
Daytime Telephone number

isabellad12@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: Humanitarian Organization for People's Essentials, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

328 Knotty Pine Ridge Circle, Apt. C1

Greenacres, FL 33467

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Humanitarian Organization for People's Essentials, Inc
is a a non-profit organization that is established to operate with emphasis on bettering the special
economic needs of underprivileged people.

Humanitarian Organization for People's Essentials, Inc is committed to procuring and
devoting its charitable resources for the development and promotion of social,
educational and religious activities to ensure the well-being of people or institutions
eligible to benefit from its goods and services.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Elected

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Guerda Joseph, President

Name and Title: _____

Address 328 Knotty Pine Ridge Circle, Apt. C1

Address: _____

Greenacres, FL 33467

Name and Title: Emmanuel Derby Joseph, Vice-President

Name and Title: _____

Address 328 Knotty Pine Ridge Circle, Apt. C1

Address: _____

Greenacres, FL 33467

Name and Title: Maxime L. Hernst Jn-Bart, Officer

Name and Title: _____

Address 328 Knotty Pine Ridge Circle, Apt. C1

Address: _____

Greenacres, FL 33467

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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: Guerda Joseph

Address: 328 Knotty Pine Ridge Circle, Apt. C1

Greenacres, FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Guerda Joseph

Address: 328 Knotty Pine Ridge Circle, Apt. C1

Greenacres, FL 33467

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

Joseph

Required Signature of Registered Agent

6/4/2015

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.

Joseph

Required Signature of Incorporator

6/4/2015

Date