

N15000006358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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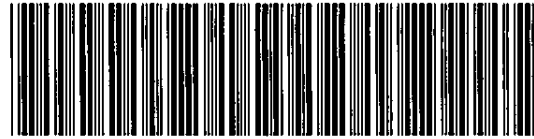
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Operation H.O.M.E., 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: Kara J. Gibson

Name (Printed or typed)

3500 University Blvd N APT 2505

Address

Jacksonville, FL 32277

City, State & Zip

904-697-7654

Daytime Telephone number

Karagibson14@hotmail.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: Operation H.O.M.E, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3500 University Blvd N APT 2505
Jacksonville, FL 32277

Mailing address, if different is:

FILED
15 JUN 29 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to restore hope in our brothers & sisters that are homeless or at risk, by
providing opportunities & motivation through faith, meals & education, so that can excel personally & financially. Operation H.O.M.E
is organized exclusively for religious, charitable & educational purposes, including for such purposes the making of distribution to
organizations that qualify under section 501(c)(3) of the Internal Revenue Code or any corresponding section of any future federal
tax code. No proceeds of the corporation will enrich any individual, except that reasonable compensation may be paid in exchange
for services to the operation. If the corporation is dissolved, any assets remaining will be distributed to another corporation that serves
a similar purpose and qualifies as tax-exempt, charitable organization under the provision of 501(c)(3) of the Internal Revenue Code.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kara J. Gibson - P

Address: 3500 University Blvd N
APT 2505
Jacksonville, FL 32277

Name and Title: Karin J. Jackson - VP

Address: 6100 Arlington Expy
APT F201
Jacksonville, FL 32211

Name and Title: Kara J. Gibson - S

Address: 3500 University Blvd N
APT 2505
Jacksonville, FL 32277

Name and Title: Karin J. Jackson - T

Address: 6100 Arlington Expy
APT F201
Jacksonville, FL 32211

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Kara J. Gibson
 Address: 3500 University Blvd N 2505
Jacksonville, FL 32277

ARTICLE VII INCORPORATOR

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

Name: Kara J. Gibson
 Address: 3500 University Blvd N 2505
Jacksonville, FL 32277

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

15 JUN 29 PM 4:06

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

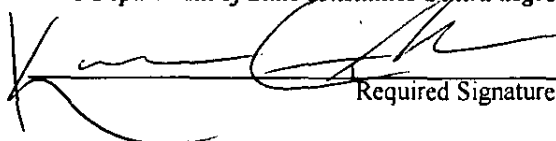
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

06/22/15
 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

06/22/15
 Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2015

KARA J. GIBSON
3500 UNIVERSITY BLVD. N., APT. 2505
JACKSONVILLE, FL 32277

SUBJECT: OPERATION H.O.M.E., (HOPE, OPPORTUNITY, MOTIVATION,
EXCEL), INC.
Ref. Number: W15000041745

We have received your document for OPERATION H.O.M.E., (HOPE, OPPORTUNITY, MOTIVATION, EXCEL), INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

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

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 915A00012593