

N15000006565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

NP

Office Use Only



800273480468

06/04/15--01008--005 **70.00

W15-39157

FILED
15 JUL -8 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 8 2015

HS

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

June 1, 2015

Dear Sirs:

Re: Hope For A Healthier Life, Inc.
2632 Robert Trent Jones Dr.
Unit 117
Orlando, FL 32835

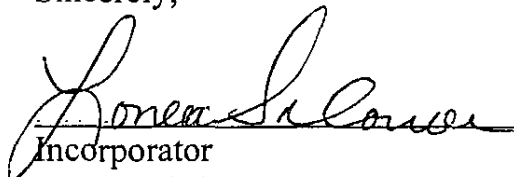
I am enclosing an original and one copy of the Articles of Incorporation for the above-proposed Corporation.

Also enclosed is a check/money order in the amount of \$70.00 for payment of the following fees:

Filing Fee	\$35.00
Registered Agent fee	<u>35.00</u>
TOTAL	\$70.00

Please file the original articles and return the certified copy to me at the above address:

Sincerely,


Incorporator
Lorvena Salomon



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2015

LORVENA SALOMON
2632 ROBERT TRENT JONES DR UNIT 117
ORLANDO, FL 32835

SUBJECT: HOPE FOR A HEALTHIER LIFE, INC.
Ref. Number: W15000039857

We have received your document for HOPE FOR A HEALTHIER LIFE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

Please return 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.

Tim Burch
Regulatory Specialist II

Letter Number: 915A00012012

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

OF

HOPE FOR A HEALTHIER LIFE, INC.

- ONE: The name of the Corporation is **HOPE FOR A HEALTHIER LIFE, INC.**
- TWO: The duration of the Corporation shall be perpetual.
- THREE: The principal address of the Corporation is:
2632 Robert Trent Jones Dr.
Unit 117
Orlando, FL 32835
- FOUR: The general purpose or purposes for which this Corporation is being formed is/are to promote awareness and prevention for terminal illnesses, along with providing support for those suffering from deadly diseases. Consulting and all other lawful business activity for which the Corporation may be incorporated under Chapter 617 of the Florida statutes.

A. Notwithstanding any other provisions of these articles, this organization shall not carry on any activities not permitted to be carried on by an organization exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue law.

B. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of 501(c)(3) of the Internal Revenue Code of 1986, or corresponding section of any future Federal Tax

FILED
15 JUL -8 PM 4: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Code, or shall be distributed to the Federal, State, or Local government for a public purpose. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the organization is then located, exclusively for such purposes.

FIVE: The manner in which the Directors are qualified, elected or appointed is as follows: Each year at its General Annual Meeting, the members of the Corporations shall appoint the Board of Directors to serve for the ensuing year as provided for in the bylaws.

SIX: The internal affairs of the Corporation shall be governed by the bylaws of the Corporation, which shall be adopted at the first meeting of the Board of Directors.

SEVEN: The number of directors/officers constituting the initial Board of Directors is 3 and the name and address of each person who is to serve as a member thereof is as follows:

Name

Address

President:

Lorvena Salomon

2632 Robert Trent Jones Dr.
Unit 117
Orlando, FL 32835

Vice President & Treasurer:

Mackens Salomon

940 Village Trail 8-306
Port Orange, FL 32127

Secretary:

Youckens Salomon

6024 Raleigh Str.

Apt. 2806
Orlando, FL 32835

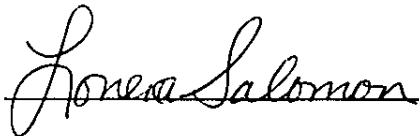
EIGHT: The registered agent and the street address of the initial registered office of the Corporation in the State of Florida is:

<u>Name</u>	<u>Address</u>
Lorvena Salomon	2632 Robert Trent Jones Dr. Unit 117 Orlando, FL 32835

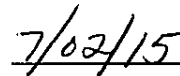
NINE: The name and address of the sole Incorporator is:

<u>Name</u>	<u>Address</u>
Lorvena Salomon	2632 Robert Trent Jones Dr. Unit 117 Orlando, FL 32835

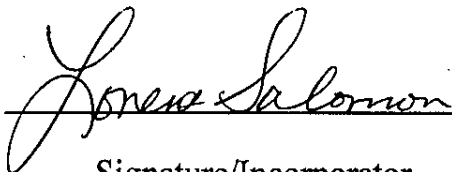
Having been named as registered agent to accept service of process for the above stated Corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

_____

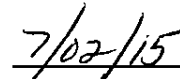
Signature/Registered Agent

_____

Date

_____

Signature/Incorporator

_____

Date

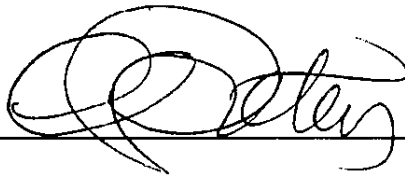
STATE OF FLORIDA

COUNTY OF SEMINOLE

I, **HEREBY CERTIFY** that on this day, before me, a Notary Public authorized in the State and County named above to take acknowledgments, personally appeared to me known to be the person Lorvena Salomon, as the subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he/she subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above this 2nd day of July, 2015.





Notary Public
My commission expires: 11/29/2015



Personally Known _____
Identification FLDL# 5455520 878450

FILED
15 JUL - 8 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA