

N1500000 8802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

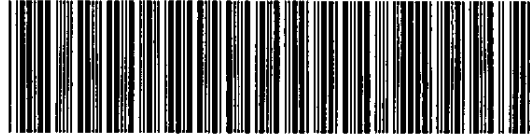
(Business Entity Name)

(Document Number)

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

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2015 SEP -3 AM 9:19  
SECRETARY OF STATE  
601 N. BRASSER ST. 10000

#00  
9/15/15

## COVER LETTER

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

SUBJECT: Lamina Haven of Hope, 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: Shawn Sousa

Name (Printed or typed)

2310 Fountain Grass Drive

Address

Valrico, FL 33594

City, State & Zip

813-850-2351

Daytime Telephone number

shawnsousa1965@gmail.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: Lamina Haven of Hope, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

2310 Fountain Grass Drive

Valrico, FL 33594

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: See attachment.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

As stated in the bylaws.

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

Name and Title: Shawn Sousa, President/Director

Address: 2310 Fountain Grass Drive  
Valrico, FL 33594

Name and Title: Lisa McCarty, Secretary/Director

Address: 361 County Road 1772  
Joppa, AL 35087

Name and Title: Brenda Lowrey, Treasurer/Director

Address: 2509 Mendocino Way  
Valrico, FL 33596

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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2015 SEP -3 AM 9:19  
CLERK OF SUPERIOR COURT  
JOPPA, AL

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Shawn Sousa

Address: 2310 Fountain Grass Drive

Valrico, FL 33594

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Shawn Sousa

Address: 2310 Fountain Grass Drive

Valrico, FL 33594

*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*

Shawn Sousa  
Required Signature of Registered Agent

8/30/2015  
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.*

Shawn Sousa  
Required Signature of Incorporator

8/30/2015  
Date