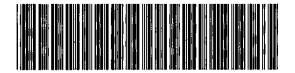
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(Requestor's Name)
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PICK-UP WAIT MAIL
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DIVISION OF CORPORATION

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## **COVER LETTER**

A Place Called H.O.P.E., Inc.

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

SUBJECT:

(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )					
Enclosed is an original an	nd one (1) copy of the Art	icles 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 CO	PY REQUIRED		
· .	,				
FROM:	Sharon Francis		_		
Name (Printed or typed)					
	P. O. Box 16731	ddress	-		

sharon.francis@catwalkdesigns.net

Jacksonville, FL 32245-6731

(904) 699-8867

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

City, State & Zip

Daytime Telephone number

## ARTICLES OF INCORPORATION

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

The name of the	ne corporation shall be: A P	lace Calle	d H.O.P.E., Inc.		
ARTICLE II	PRINCIPAL OFFICE				
	Principal street address:		Mailing address, if different is:		
134	01 Sutton Pk Dr S #1324		P O Box 16731		
Jacksonville, FL 32224 Jacksonv		Jacksonville, FL 32245-6731			
ARTICLE II	I PURPOSE				<del> </del>
The purpose for	or which the corporation is organized is:				
a non-profi	t organization that supports the advancem	ent and succ	ess of entrepreneurs through marketing e	fforts an	ıd
business grov	wth trainings. The organization is organize	ed exclusively	for charitable, religious, educational, and	scientifi	ic
purposes und	ler Section 501(c)(3) of the Internal Reven	nue Code, or	corresponding section of any future federa	al tax co	de (for
entrepreneur	charitable purposes). Dissolution: Upon th	ne dissolutior	of this organization, assets shall be distri	ibuted fo	or one or
more exempt	purposes within the meaning of Section 5	501(c)(3) of th	ne Internal Revenue Code, or correspondi	ng section	on of any
future federal	tax code, or shall be distributed to the fed	leral governn	nent, or to a state or local government, for	a public	purpose.
ARTICLE IV			th the directors are elected and appointed:		
Directors a	are elected at the annual meetings	s and appo		<u>i.</u>	
Name and Title	Sharon Francis, Exec. Director	_ Name and	Title: Bill Vernon, Director	<u></u>	
Address	P O Box 16731	_ Address:	P O Box 16731		
	Jacksonville, FL 32245	_	Jacksonville, FL 32245	_	
Name and Title	Anthony Vernon, Director	– Name and	Title:		<u>D</u>
Address	P.O. Box 16731	Address:		S	VISIO SECI
	Jacksonville, FL 32245			P 28	FIL RETARY IN OF CO
Name and Title	e:	– Name and	Title:	~~	EU OF ST ORPORA
Address					
		_		_	

Name and Titl	e:	Name and Title:	
Address		Address:	
Name and Title	:	Name and Title:	
Address			
	,		<del></del>
ARTICLE VI	REGISTERED AGENT		
The name and	Florida street address (P.O. Box NOT ad	ceptable) of the registered agent is:	o
Name:	Sharon Francis		5 × 5
Address:	13401 Sutton Pk Dr S, #13	24	SEP
	Jacksonville, FL 32224		FILE TARY OF CO 28
	•		OF STA
ARTICLE VI			<b>≅</b> ₹
ine <u>name and</u>	address of the Incorporator is: Sharon Francis		
Name:			
Address:	P O Box 16731		
	Jacksonville, FL 32245		
	•	<del></del>	
		ce of process for the above stated corporation a	
certificate, I an	1 familiar with and accept the appointmen	nt as registered agent and agree to act in this capa	icity /
	Man Js Required Signature of Register	man 9	25/2015 Date
I submit this de		erein are true. I am aware that any false informa	•
	ent of State constitutes a third degree felo		
(	(Anoun. F)	max	9/25/2015
	Required Signature of In-	corporator	Date