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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 OCT 21 AM 10:25

COVER LETTER

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

SUBJECT: A Ray of Hope Boys Coalition, 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: Charlotte E. Haslem

Name (Printed or typed)

631 N.W. 189th Street

Address

Miami, Florida 33169

City, State & Zip

(305) 450-8028

Daytime Telephone number

chaslem64@aol.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2015

CHARLOTTE E. HASLEM
631 N.W. 189TH STREET
MIAMI, FL 33169 US

SUBJECT: A RAY OF HOPE BOYS COALITION, INC.
Ref. Number: W15000067631

We have received your document for A RAY OF HOPE BOYS COALITION, 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):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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.

Tina D Cannon
Regulatory Specialist II

Letter Number: 415A00021596

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

ARTICLE I NAME

The name of the corporation shall be: A Ray of Hope Boys Coalition, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
631 N.W. 189th Street

Miami, Florida 33169

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to render hope, guidance and support in the areas of Basic Survival Life Skills
Mentoring, and entrepreneurship Skills to young school aged Boys in the age range of 11 years to 17 years of age who have met or
been involved with delinquency within the Miami Dade and/or Broward County School System and the Miami Dade County and/or
Broward County Court System.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Appointed and
approved by the Registered Agent;

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charlotte Haslem/Director

Address: 631 NW 189th Street
Miami, Fl. 33169

Name and Title: Chanel Haslem/Secretary

Address: 631 NW 189th Street
Miami, Fl. 33169

Name and Title: Robert Haslem/Executive Director

Address: 631 NW 189th Street
Miami, Fl. 33169

Name and Title: _____

Address: _____

Name and Title: Nadine Souffrant-Rogers/Fiscal Officer

Address: 631 NW 189th Street
Miami, Fl. 33169

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 OCT 21 AM 10:25

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: Charlotte Haslem
Address: 631 NW 189th Street
Miami, Fl. 33169

ARTICLE VII INCORPORATOR

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

Name: Charlotte Haslem
Address: 631 NW 189th Street
Miami, Fl. 33169

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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.)

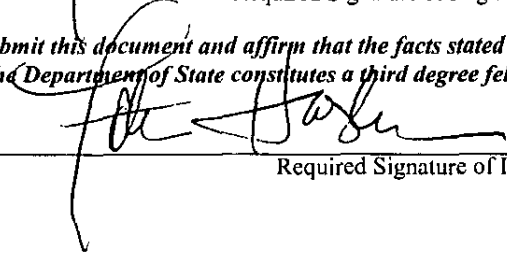
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/1/2015
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.


Required Signature of Incorporator

10/1/2015
Date