

N15000010635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

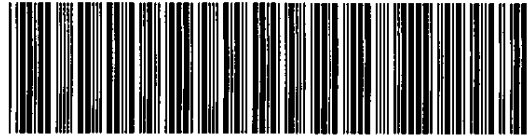
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~10/26/15~~
NOV 02 2015

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COVER LETTER

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

SUBJECT: HELP HAROLD HEMPSTEAD DEFENSE 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: EDWARD J MURPHY
Name (Printed or typed)

820 PATRICIA AVE #103
Address

DUNEDIN FL 34698
City, State & Zip

727 216 3076
Daytime Telephone number

edmurphy59@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: HELP HAROLD HEMPSTEAD DEFENSE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

820 PATRICIA AVE # 103
DUNEDIN FL 34698

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE LEGAL AND ECONOMIC
SUPPORT TOWARDS RETURNING HAROLD HEMPSTEAD
FROM PRISON TO CIVIL SOCIETY

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: MAJORITY
VOTE OF MEMBERS FOLLOWING ROBERT RULES OF ORDER

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT 26 PM 4:09

FILED

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: EDWARD J MURPHY
 Address: 820 PATRICIA AVE #103
DUNEDIN FL 34698

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EDWARD J MURPHY
 Address: 820 PATRICIA AVE #103
DUNEDIN FL 34698

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

EDWARD J MURPHY
 Required Signature of Registered Agent

OCT 21, 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.

EDWARD J MURPHY
 Required Signature of Incorporator

OCT 21, 2015
 Date