

N15000011525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

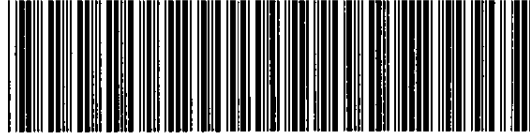
(Document Number)

Certified Copies _____ Certificates of Status _____

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11/12/15--01023--006 **87.50

Effective Date Jan 1, 2016

W562
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 DEC -4 PM 12:09

FILED

7:20 PM DEC 7 2015

COVER LETTER

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

SUBJECT: Fingerprints 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: Catherine Lee Hogan

Name (Printed or typed)

1409 Wood Lake Cir

Address

St. Cloud, FL 34772

City, State & Zip

407-252-0537

Daytime Telephone number

info@fingerprintsofhope.org

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

November 24, 2015

CATHERINE LEE HOGAN
1409 WOOD LAKE CIR
ST CLOUD, FL 34772

SUBJECT: FINGERPRINTS OF HOPE INC.
Ref. Number: W15000076728

We have received your document for FINGERPRINTS OF HOPE INC. and your check(s) totaling \$87.50. 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.

Tim Burch
Regulatory Specialist II

Letter Number: 315A00024801

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

ARTICLE I NAME

The name of the corporation shall be: Finger prints of Hope Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1409 Wood Lake Cir

Saint Cloud, FL 34772

Mailing address, if different is:

Effective Date Jan. 01, 2016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Fingerprints of Hope Inc is a Biblically based charitable organization
that has the opportunity to work with the underprivileged in the Public Schools in Honduras and beyond. Our
vision is to supply the needs of the local classrooms, including but not limited to supplying school supplies, desks,
whiteboards, fans, and basic needs to teachers for their classrooms. Teaching children a biblical foundation as well
as teaching them they can make a difference in their own communities. Working closely with the families in the
community teaching them how to take charge of their children's school environments and encourage community
involvement. Develop strong relationships that will in turn keep the families united with their communities and
discourage family separation and immigration to The United States.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as stated in bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Esteban Casildo Santos/President

Address: Sambo Creek

Atlantida, Honduras

Name and Title: Catherine Lee Hogan/Vice President

Address: 1409 Wood Lake Cir

Saint Cloud, FL 34772

Name and Title: Steph Anie Cabald/Treasurer

Address: 8 rues des sorbiers

Vendehenheim Alsace France

Name and Title: Edgardo Emmanuel Ortiz Posas / Secretary

Address: Sambo Creek

Atlantida, Honduras

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: Catherine Hogan
Address: 1409 Wood Lake Cir
Saint Cloud, FL 3472

ARTICLE VII INCORPORATOR

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

Name: Catherine Hogan
Address: 1409 Wood Lake Cir
Saint Cloud, FL

ARTICLE VIII EFFECTIVE DATE: 01/01/2016

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

Catherine Hogan

Required Signature of Registered Agent

11/30/2015

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.

Catherine Hogan

Required Signature of Incorporator

11/30/2015

Date

FILED
15 DEC -4 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA