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COVER LETTER

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

SUBJECT: Omega Hope, Incorporated

(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 B. Dunmore

Name (Printed or typed)

340 Hammock Grove Court

Address

Saint Johns, FL 32259

City, State & Zip

904-993-8321

Daytime Telephone number

e.dunmore@comcast.net

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: OMEGA HOPE, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address:
112 Bartram Oaks Walk

Suite 104, #600724

Saint Johns, FL 32260

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose for which the corporation is organized is to carry out the charitable activities of the Iota Mu Nu Chapter of Omega Psi Phi Fraternity, Inc. The scope of this corporation is to provide charitable, educational and scientific services within the meaning of section 501(c)(3) of the Internal Revenue Code. This corporation shall not afford pecuniary gain, incidental or otherwise, to its members.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Requires two-thirds (2/3) of the current active membership of the Iota Mu Nu Chapter of Omega Psi Phi Fraternity, Inc. to serve a three-year term voted upon at the Annual Meeting to be held in September of each year.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tracey D. Porter - President

Address: 124 Telford Rd
Saint Johns, FL 32259

Name and Title: Terrence Hastings - Vice President

Address: 106 Telford Drive
Saint Johns, FL 32259

Name and Title: Micheal Cooper - Secretary

Address: 728 N. Edenbridge Way
St. Augustine, FL 32092

Name and Title: Rashid Brittain - Treasurer

Address: 432 S. Aberdeenshire Dr.
Saint Johns, FL 32259

Name and Title: J. Randy Johnson

Address: 605 Parker Ct.
Saint Augustine, FL 32092

Name and Title: _____

Address: _____

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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 B. Dunmore
Address: 340 Hammock Grove Court
Saint Johns, FL 32259

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Edward B. Dunmore
Address: 340 Hammock Grove Court
Saint Johns, FL 32259


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

1-7-2016
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

1-7-2016
Date

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