

COVER LETTER

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

SUBJECT: ANGELS OF HOPE OUTREACH MINISTRIES, 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: DAVID V. LONG
Name (Printed or typed)

1400 TROWBRIDGE ROAD
Address

FORT PIERCE, FLORIDA 34945
City, State & Zip

(321) 258.5684
Daytime Telephone number

davidlong15610@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
16 JAN 11 PM 4:08

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: ANGELS OF HOPE OUTREACH MINISTRIES, INC.

FILED

ARTICLE II PRINCIPAL OFFICE

16 JAN 11 PM 4:08

Principal street address:
1400 TROWBRIDGE ROAD

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FORT PIERCE, FLORIDA 34945

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ASSIST AND AID THE HOMELESS AND NEEDY ON THE
TREASURE COAST OF FLORIDA.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID V. LONG Name and Title: PRESIDENT/DIRECTOR

Address: 1400 TROWBRIDGE ROAD Address: _____
FORT PIERCE, FLORIDA 34945

Name and Title: KELLY D. LONG Name and Title: SECRETARY/DIRECTOR

Address: 1400 TROWBRIDGE ROAD Address: _____
FORT PIERCE, FLORIDA 34934

Name and Title: LORI BADGER Name and Title: DIRECTOR

Address: 499 SW NAMOIT PLACE Address: _____
PORT SAINT LUCIE, FLORIDA
34953

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: DAVID V. LONG

Address: 1400 TROWBRIDGE ROAD

FORT PIERCE, FL 34945

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DEPARTMENT OF STATE
CORPORATION DIVISION

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID V. LONG

Address: 1400 TROWBRIDGE ROAD

FORT PIERCE, FL 34934

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

David V. Long

Required Signature of Registered Agent

1-5-2016

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.

David V. Long

Required Signature of Incorporator

1-5-2016

Date