

N 16000001482

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COVER LETTER

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

SUBJECT: **Healing & 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: John Jones II {Yippiekiyay Nonprofit Solutions}
Name (Printed or typed)

PO Box 2715

Address

Centennial, CO 80122

City, State & Zip

(855) 893-3093

Daytime Telephone number

mlpjl@gmail.com

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

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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: Healing & Hope, Inc.

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ARTICLE II PRINCIPAL OFFICE

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Principal street address:
5521 Fairfax st

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

Orlando, Florida 32812

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to help domestic violence survivors.
See the attached

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____
As provide for in bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chystal Pate - President
Address: 5521 Fairfax st
Orlando, Florida 32812

Name and Title: Lawrence Gaunt - Secretary/Treasurer
Address: 5521 Fairfax st
Orlando, Florida 32812

Name and Title: Carmelina Marin - Director
Address: 5521 Fairfax st
Orlando, Florida 32812

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
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: Chystal Pate

Address: 5521 Fairfax st
Orlando, Florida 32812

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Chystal Pate

Address: 5521 Fairfax st
Orlando, Florida 32812

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

Chystal Pate

Required Signature of Registered Agent

Jan 18, 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.

Chystal Pate

Required Signature of Incorporator

Jan 18, 2016

Date

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Purpose and Dissolution Clause as required by IRS:

Purpose Clause:

"This organization is organized exclusively for charitable, educational, religious and/or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and shall not inure benefit or earnings to any private shareholder or individual.

Dissolution Clause:

" Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, including to another tax-exempt organization under Section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose."