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(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: HopeFLA, Inc.			
50 5 0501.	(PROPOSED CORP	ORATE NAME – <u>MUST INC</u>	CLUDE SUFFIX)
Enclosed is an original an	d one (1) copy of the Ar	ticles 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 CO	PY REQUIRED
FROM: _	Curtis Ramkhelawan		· · ·
	Na	me (Printed or typed)	

Address

Oceanside, NY 11572

City, State & Zip

(347) 446-1249

Daytime Telephone number

cwramk@gmail.com

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

NOTE: Please provide the original and one copy of the articles.

15

ARTICLES OF INCORPORATION

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

ARTICLE I The name of the	NAME e corporation shall be:				• -
ARTICLE II	PRINCIPAL OFFICE				
Hope	Principal <u>street</u> address: FLA, Inc.		Mailing address, if different is:		
1480	Hammock Ridge Rd., Apt 6207				
Clern	nont, FL 34711				
• •	PURPOSE or which the corporation is organized is: egular place of worship and celebration; To p	····	elief to souls via salvation; To spread t		
the gospel, pra	y for the sick, and provide a safe haven for fa	amilies; To prome	ote teachings and instructions that help	individua	ls; To
initiate outread	ch programs to the needy and community; To	rent, lease, or pu	rchase space which might be used for	the organi	zation;
To perform wa	ater baptism, marriage and funeral ceremonie	es; To perform pro	ovide christening services for babies as	requested	 l; То
solicit and rai	se funds by any and all proper and appropriate	te means and to re	eceive and disburse such funds for the	mission or	utlined;
To enter into,	make, perform, and carry out contracts or ago	reements with oth	er organizations or individuals as need	led to mee	t goals.
ARTICLE IV	MANNER OF ELECTION The manner		ctors are elected and appointed:	d by voting	
Name and Title	Jason Ramdial, Registered Agent/Director	Name and Title	Sharon Ramkhelawan, Chairman		
Address	1480 Hammock Ridge Rd., Apt 6207	Address:	147 Beatrice Ave.	_	
	Clermont, FL 34711		Oceanside, NY 11572	_	
Name and Title	Ruth Archibald, Director	Name and Title:	Curtis Ramkhelawan, Director	-	
Address	103-64 101 Street	Address:	147 Beatrice Ave.	_	
	Ozone Park, NY 11417		Oceanside, NY 11572	- 16 M	SIVID
Name and Title	Jude Ramdial, Director	Name and Title:	Leslie Brown, Director	AR 30	ON OF S
Address	900 Hayes St.	Address:	14282 Rockaway Blvd.	- -	

Baldwin, NY 11510

Jamaica, NY 11436

Name and Title	Denise Ramdial, Secretary 1480 Hammock Ridge Rd., Apt 6207		Jason Ramdial, President 1480 Hammock Ridge Rd., Apt 6207
Address	Clermont, FL 34711	Address:	Clermont, FL 34711
	Clothion, 115 1711		
Name and Title	Curtis Ramkhelawan, Treasurer	Name and Title	Leslie Brown, Vice President
Address	147 Beatrice Ave.	Address:	14282 Rockaway Blvd.
	Oceanside, NY 11572		Jamaica, NY 11436
<i>ARTICLE VI</i> The <u>name and</u>	REGISTERED AGENT Florida street address (P.O. Box NOT acce	ptable) of the reg	stered agent is:
Name:	Jason Ramdial		
Address:	1480 Hammock Ridge Rd., Ap	ot 6207	
	Clermont, FL 34711		
	address of the Incorporator is:		
The <u>name and</u> Name:	address of the Incorporator is: Curtis Ramkhelawan		
The <u>name and</u> Name: Address: ARTICLE VI. Effective date (If an effectiv	Curtis Ramkhelawan 147 Beatrice Ave. Oceanside, NY 11572 UEFFECTIVE DATE: a if other than the date of filing: e date is listed, the date must be specific as	016 nd cannot be mo	(OPTIONAL) re than five business days prior or 90 business da
The <u>name and</u> Name: Address: ARTICLE VI. Effective date (If an effective after the filine) Note: If the desired the desired the filine)	Curtis Ramkhelawan 147 Beatrice Ave. Oceanside, NY 11572 DEFFECTIVE DATE: a if other than the date of filing: e date is listed, the date must be specific as g.)	nd cannot be mo	
Name: Address: ARTICLE VI. Effective date (If an effectiv after the filin Note: If the d document's ef	Curtis Ramkhelawan 147 Beatrice Ave. Oceanside, NY 11572 DEFFECTIVE DATE: a fother than the date of filing: be date is listed, the date must be specific ange.) ate inserted in this block does not meet the affective date on the Department of State's recommand as registered agent to accept service and familiar with and accept the appointment of	pplicable statutor ords. of process for the state of process for the state of the	re than five business days prior or 90 business days filing requirements, this date will not be listed as the above stated corporation at the place designated and agree to act in this capacity
The name and Name: Address: ARTICLE VI. Effective date (If an effective after the filin) Note: If the didocument's effective date document's effective date document's effective date.	Curtis Ramkhelawan 147 Beatrice Ave. Oceanside, NY 11572 DEFFECTIVE DATE: a fother than the date of filing: be date is listed, the date must be specific ange.) ate inserted in this block does not meet the affective date on the Department of State's recommand as registered agent to accept service and familiar with and accept the appointment of	pplicable statutor ords. of process for the state of process for the state of the	re than five business days prior or 90 business days filing requirements, this date will not be listed as the above stated corporation at the place designated and agree to act in this capacity
The name and Name: Address: ARTICLE VI. Effective date (If an effective after the filin Note: If the didocument's effective date) Having been certificate, I and	Curtis Ramkhelawan 147 Beatrice Ave. Oceanside, NY 11572 **ILEFFECTIVE DATE:** . if other than the date of filing:** de date is listed, the date must be specific and ge.) ate inserted in this block does not meet the affective date on the Department of State's recommend as registered agent to accept services and familiar with and accept the appointment of State's recommendation. **Factor Ramdial** Required Signature of Registered Registered Signature of Registered Registered Signature of Registered Registered Signature of Registered Required Signature of Registered Registered Signature of Registered Registered Signature of Registered Required Signature of Registered Registered Signature of Registered Required Signature of Registered R	pplicable statutor ords. of process for the as registered agent	y filing requirements, this date will not be listed as to the above stated corporation at the place designated at and agree to act in this capacity 03/17/2016 Date
The name and Name: Address: ARTICLE VI. Effective date. (If an effective after the filing state) Mote: If the discussion of the document's effective ate. I submit this ato the Department.	Curtis Ramkhelawan 147 Beatrice Ave. Oceanside, NY 11572 **ILEFFECTIVE DATE:** . if other than the date of filing:** de date is listed, the date must be specific and ge.) ate inserted in this block does not meet the affective date on the Department of State's recommend as registered agent to accept services and familiar with and accept the appointment of State's recommendation. **Factor Ramdial** Required Signature of Registered Registered Signature of Registered Registered Signature of Registered Registered Signature of Registered Required Signature of Registered Registered Signature of Registered Registered Signature of Registered Required Signature of Registered Registered Signature of Registered Required Signature of Registered R	pplicable statutor ords. of process for the as registered agent it Agent ein are true. I am as provided for i	re than five business days prior or 90 business days filing requirements, this date will not be listed as to the above stated corporation at the place designated at and agree to act in this capacity O3/17/2016 Date aware that any false information submitted in a don s.817.155, F.S.