

NI 00000005637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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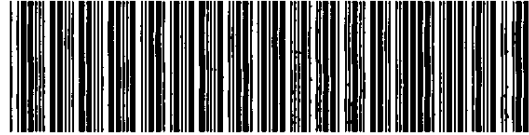
(Business Entity Name)

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TALLAHASSEE, FL 0815A

16 MAY 27 AM 7:02

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COVER LETTER

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

SUBJECT: Hope Academy 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: Jodie McCoy
Name (Printed or typed)

13806 SR 33 / PO BOX 507.
Address

Groveland, FL 34736
City, State & Zip

(352) 636 6388 / (352) 429 4722
Daytime Telephone number

Jmcc1127@gmail.com
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: Hope Academy Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:
13806 SR 33
Groveland, FL 34736

Mailing address, if different is:
PO BOX 507
Groveland, FL 34736

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Educational purposes

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors shall be elected at annual committee meeting and shall serve a term of 2 yrs, or until a successor has been elected and qualified.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anthony McCoy

Address: 9200 Oak Island Ln
Clermont FL 34711
President & Director

Name and Title: Randolph Waite

Address: 1128 Sea Eagle
Groveland, FL 34736
Director

Name and Title: Jodie McCoy

Address: 9200 Oak Island Ln
Clermont, FL 34711
Vice President & Director

Name and Title: Eucettia Waite

Address: 1128 Sea Eagle
Groveland, FL 34736
Director

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
FLORIDA
CLERK OF DISTRICT COURT
FLORIDA

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:

Jodie McCoy

Address:

9200 Oak Island Ln
Clermont, FL 34711

ARTICLE VII INCORPORATOR

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

Name:

Jodie McCoy

Address:

9200 Oak Island Ln
Clermont, FL 34711

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/25/16 (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

Jodie McCoy

Required Signature of Registered Agent

5/25/16

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.

Jodie McCoy

Required Signature of Incorporator

5/25/16

Date