

N/16 0000 7471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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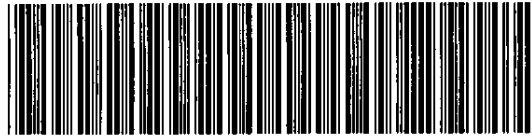
(Business Entity Name)

(Document Number)

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AND
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16 JUL 29 PM 5:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Havana's House of 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: Davena Evette Bruce

Name (Printed or typed)

7995 Havana Hwy

Address

Havana, FL 32333

City, State & Zip

(850) 544-5313

Daytime Telephone number

davenabruce@yahoo.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Havana's House of Hope, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7995 Havana Hwy

Havana, FL 32333

Mailing address, if different is:

Same as

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Shelter for displaced women and children which will be sustained by a bakery.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Appointed by Havana Bruce Executive Director

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Davena Bruce - Executive Director

Address: 7995 Havana Hwy
Havana, FL 32333

Name and Title: Bessie Wright - Treasurer

Address: PO Box 487
Gretna, FL 32332

Name and Title: Treina Shivers - President

Address: 4428 Westover Dr
Tallahassee, FL 32303

Name and Title: Melisa Williams - Secretary

Address: 1755 Newman Ln,
Tallahassee, FL 32312

Name and Title: Lavonia Talbot - Director

Address: 593 Champion Oak Circle
Havana, FL 32333

Name and Title: Steven Marchbanks - Director

Address: 400 S. Monroe St. The Capitol Suite
Tallahassee, FL 32399

SECRET
TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: Tiffany Harris - Director

Address _____ Address: 255 San Bonita Way

Havana, FL 32333

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: Davena Evette Bruce

Address: 7995 Havana Hwy

Havana, FL 32333

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Davena Evette Bruce

Address: 7995 Havana Hwy

Havana, FL 32333

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TALLAHASSEE, FLORIDA

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/25/2016 (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

7/29/16
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.


Required Signature of Incorporator

7/29/16
Date