

N116000008368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

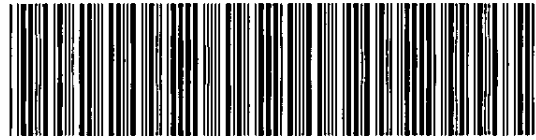
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/08/15--01042--008 \*\*87.50

09/20/05 1:41 138621134 HOUSES OF HOPE COVER LETTER 8368

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

SUBJECT: Sherry & Tim Houses 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: Sherry & Tim Houses of Hope Inc  
Name (Printed or typed)  
1009 E Howry Ave  
Address  
Deland Fl. 32724  
City, State & Zip  
386-956-7663  
Daytime Telephone number  
housesofhope12@gmail.com  
E-mail address: (to be used for future annual report notification)

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

FILED  
16 AUG 25 AM 10:47  
DEPT. OF STATE  
TALLAHASSEE, FL 32314  
JL

# ARTICLES OF INCORPORATION

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

**ARTICLE I NAME**

The name of the corporation shall be: Sherry & Tim Houses of Hope Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1009 E Howry Ave

Deland Fl. 32724

Mailing address, if different is:  
PO Box 32

Deland Fl. 32721

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To help get the homeless into permanent housing.

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

As provided in bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sandra Anglin President

Address: 1009 E Howry Ave  
Deland, Fl 32724

Name and Title: Sherry Nailor Financial Director

Address: 32 Price Lane  
Palm Coast Fl

Name and Title: Sue Williams Secetary

Address: 1375 First Ave  
Deland, Fl. 32724

Name and Title: Timothy Ailes developmental Director

Address: 2542 12th sq sw  
Vero Beach, Fl 32968

Name and Title: Carly Nailor Director

Address: 700 Howdershell Rd  
Florissant, Mo 63031

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
 16 AUG 25 AM 10:47  
 CLERK OF DISTRICT COURT  
 PALM BEACH COUNTY, 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: Sandra Anglin  
 Address: 1009 E Howry Ave  
Deland FL 32724

**ARTICLE VII INCORPORATOR**The ~~name and address~~ of the incorporator is:

Name: Sandra Anglin  
 Address: 1009 E Howry Ave  
Deland, FL 32724

**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.

Sandra Anglin

Required Signature of Registered Agent

8/24/2016

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.

Sandra Anglin

Required Signature of Incorporator

8-24-16

Date

FILED  
 16 AUG 25 AM 10:47  
 TALLAHASSEE, FLORIDA  
 STATE