

N16000010816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

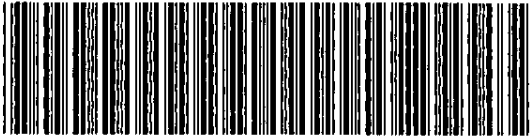
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/17/16--01046--020 **78.75

FILED
2016 NOV - 4 AM 10:41
ST. JAMES COUNTY CLERK
TALLAHASSEE, FLORIDA

V HERRING
NOV - 8 2016

COVER LETTER

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

SUBJECT: Chaplains International Institute of Hope
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Chaplains International Institute of Hope.

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: Miguel IRIZORRY
Name (Printed or typed)

507 Sobal Palm circle
Address

Altamonte Springs FL 32701
City, State & Zip

407-952-5071
Daytime Telephone number

112Arroyms3@yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2016

MOGUEL IRIZORY
507 SABAL PALM CIRCLE
ALTAMONTE SPRINGS, FL 32701

SUBJECT: CHAPLAIN INTERNATIONAL INSTITUTE OF HOPE
Ref. Number: W16000071013

We have received your document for CHAPLAIN INTERNATIONAL INSTITUTE OF HOPE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 916A00022429

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

FILED

2016 NOV - 4 AM 10: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Ivette Ramos Celestria
Address: 5442 Lake Margaret DR #134
Orlando, FL 32812

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Miguel Ramirez
Address: 507 Sabal Palm circle
Altamonte Springs FL 32701

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

Ivette Ramos Celestria
Required Signature of Registered Agent

9/30/16
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.

Miguel Ramirez
Required Signature of Incorporator

9-30-16
Date