

N160000/1568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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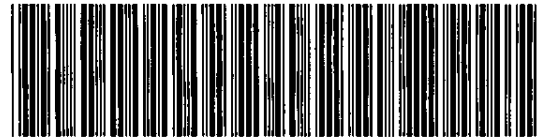
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
2016 DEC -5 PM 2:15

12/06/16

COVER LETTER

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

SUBJECT: Warriors find Hope Corp.
(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: Brian Hamm
Name (Printed or typed)

33207 Windy Oak St.
Address

Sorrento, FL 32776
City, State & Zip

352-255-2579
Daytime Telephone number

warriorsfindhope@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: Warriors find Hope corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

33207 Windy Oak st.
Sorrento, FL. 32776

Mailing address, if different is:

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DIVISION OF CORPORATIONS
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Warriors find Hope has been
organized to provide help to those suffering from depression and
to help eliminate the stigma of mental illness. Warriors find
Hope may therefore seek, apply for, and receive donations,
grants, loans, and other funding from individuals, organizations, corporations,
government agencies, and others to support and conduct, in any manner,
any lawful activities in furtherance of these charitable, scientific, and educational pur

ARTICLE IV MANNER OF ELECTION The manner in which the directors are appointed: by incorporator

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Brian Hamm/President</u>	Name and Title:	<u>Camilla Garcia/Vice President</u>
Address	<u>33207 Windy Oak</u>	Address:	<u>2900 SW Terrace</u>
	<u>st. Sorrento, FL. 32776</u>		<u>Gainesville, FL. 32608</u>

Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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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: Brian Hamm

Address: 33207 Windy Oak St.

Sorrento, FL 32776

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brian Hamm

Address: 33207 Windy Oak St.

Sorrento, FL 32776

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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 days prior or 90 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

Brian Hamm

Required Signature of Registered Agent

11/28/16

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.

Brian Hamm

Required Signature of Incorporator

11/28/16

Date