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SECRETARY OF STATE
TALLAHASSEE FLORIDA

12/12/16

COVER LETTER

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

SUBJECT: A Better 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: Gloria Tiuso

Name (Printed or typed)

2540 SW 31st Ln

Address

Cape Coral, FL 33914

City, State & Zip

239-738-9297

Daytime Telephone number

nanatiuso@hotmail.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: A Better Hope, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
2540 SW 31st Ln

Cape Coral, FL 33914

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to rescue at-risk individuals, guiding and educating them as they start a new life.

The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as an exempt organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

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

As set forth in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Comer, President

Address: 2540 SW 31st Ln

Cape Coral, FL 33914

Name and Title: _____

Address: _____

Name and Title: Gloria Tiuso, Secretary

Address: 2540 SW 31st Ln

Cape Coral, FL 33914

Name and Title: _____

Address: _____

Name and Title: Nixon Bolanos, Treasurer

Address: 2540 SW 31st Ln

Cape Coral, FL 33914

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE 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: Gloria Tiuso
Address: 2540 SW 31st Ln
Cape Coral, FL 33914

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Gloria Tiuso
Address: 2540 SW 31st Ln
Cape Coral, FL 33914

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

Gloria Tiuso
Required Signature of Registered Agent

12/5/16
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.

Gloria Tiuso
Required Signature of Incorporator

12/5/16
Date