

N17000000179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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17 JAN -6 PM 1:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

[Signature] 01/09/17

COVER LETTER

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

SUBJECT: Village 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: Homer Lefebvre
Name (Printed or typed)

13251 Huerta Street
Address

Venice, FL 34293
City, State & Zip

941-888-5242
Daytime Telephone number

salessourcinggrp@aol.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: Village of Hope, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
13251 Huerta Street

Venice, FL 34293

Mailing address, if different is:

17 JAN -6 PM : 57
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Said corporation is organized exclusively for charitable purposes within the meaning of section 501(c)(3) of the Internal

Revenue Code, including, for such purposes, the making of distributions to organizations that qualify as tax exempt

under section 501(c)(3) of the IRS 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: Provided in Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Homer Lefebvre, President - Director

Address: 13251 Huerta Street
Venice, FL 34293

Name and Title: Billie Jean Schanen, Secretary

Address: 13251 Huerta Street
Venice, FL 34293

Name and Title: Carrie Smith, Treasurer - Director

Address: 13251 Huerta Street
Venice, FL 34293

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Homer Lefebvre

Address: 13251 Huerta Street

Venice, FL 34293

ARTICLE VII INCORPORATOR

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

Name: Homer Lefebvre

Address: 13251 Huerta Street

Venice, FL 34293

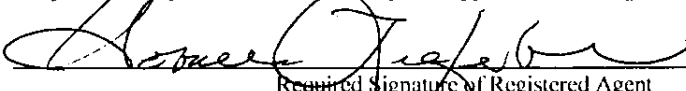
ARTICLE VIII EFFECTIVE DATE:

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

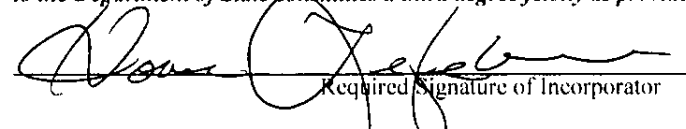


Required Signature of Registered Agent

December 16, 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.



Required Signature of Incorporator

December 16, 2016

Date

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