

N17000001884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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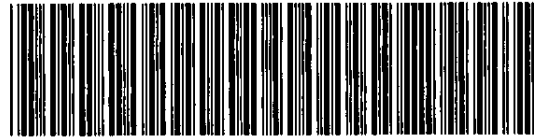
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2 02/21/17

COVER LETTER

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

SUBJECT: Hungry hearts outreach Ministries
(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: RONALD D Ambrosio
Name (Printed or typed)

2054 Grey Falcon Cir SW
Address

Vero Beach FL 32962
City, State & Zip

914 494 3373
Daytime Telephone number

† ☒ BillieJo777@yahoo.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: Hungry Hearts outreach Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2054 Grey Falcon Cir SW
Vero Beach FL 32962

Mailing address, if different is:

2054 Grey Falcon Cir SW
Vero Beach FL 32962

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Propagation of the Gospel
of ~~Jesus~~ Christ through the 'preaching' 'teaching' and living
of the full Gospel message as out line in the
Articles of Faith of Hungry Hearts outreach Ministries

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: In accordance
with the By Law of my ministries Hungry Hearts outreach
ministries

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President
Name and Title: RONALD D Ambrosio

Address: 2054 Grey Falcon Cir
SW
Vero Beach FL 32962

Name and Title: Vice President: Billie Jo D Ambrosio

Address: 2054 Grey Falcon Cir SW
Vero Beach FL 32962

Name and Title: Treasurer: Kayla Setick

Address: 2054 Grey Falcon Cir SW
Vero Beach FL 32962

Name and Title: Director: Renee Capellan

Address: 690 NW 157th Ave
Pembroke Pine FL 33028

Name and Title: _____

Address: _____

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:

RONALD D'AMBROSIO

Address:

2054 Grey Falcon Cir SW
Vero Beach FL 32962

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name:

RONALD D'AMBROSIO

Address:

2054 Grey Falcon Cir SW
Vero Beach FL 32962

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

Ronald D'Ambrosio
Required Signature of Registered Agent

2/14/2017
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.

Ronald D'Ambrosio
Required Signature of Incorporator

2/14/2017
Date