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DEPARTMENT OF STATE

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COVER LETTER

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

SUBJECT: Hopewell Community Cometery 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: Mary A. Bryant
Name (Printed or typed)

D.O. Box 428

Address

Havana Florida 32333

(850) 539-6750

Davime Telepho

Dayume Telephone number

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)

The name of the corporation shall be: Hopeual Commu	nity Cemetery Inc	
ARTICLE II PRINCIPAL OFFICE	, ,	•
Principal street address: 6578 Havana Hwy.	Mailing address, if different is: PO. Box 428	·—
Havana, Fl. 32333	Havana, Fl. 32333	_
ARTICLE III PURPOSE The purpose for which the corporation is organized is: to provide of the members, family members and the next that the time of deaths arrearage are collected at the time frosit and are used solely to fulfill crand for our members to include Service of the Cemetery. ARTICLE IV MANNER OF ELECTION The manner in which the Officer Shall be Conducted as the first	nembers of Hopewell Ame Church and Fees of \$20.00 per year and any ne of berial. Fees Collected are nour Charitable Mission of a burial vice, Maintenance and perpetual directors are elected and appointed: Election of	Cliva Lon- Lal
Address Address: (880 Havana Hwy Hayana, Fl. 32333.	Title: Iron: Many A. Bryant 902 1st St SE Havana, Fl. 32333 Title: Co	SECRETARY OF STATE SPAISON OF SORPORATIONS

Name and Title:	Name and Title:
Address	Address:
N. Amil	N. A.
	Name and Title:
Address	Address:
	·
•	·
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. B	ox NOT acceptable) of the registered agent is:
Name: Mary A Br	Vant
Address: 9D2 1st St.	SF
Horas Clar	ida 32333
Havara, Flor	10g 5335
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	2
Name: Mary A. F	Sryant
Address: LO.BOX 42	8
Hayana, H.	32333
ARTICLE VIII EFFECTIVE DATE: Effective date if other than the date of filing:	(OPTIONAL)
	be specific and cannot be more than five days prior or 90 days after the filing.)
No. 15 about the state of the s	and the second s
document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
That I was a second as a second	
	accept service of process for the above stated corporation at the place designated in this appointment as registered agent and agree to act in this capacity
May a Rhuna	e of Registered Agent 3-29-2017 Date
Required Signatur	e of Registered Agent Date
	acts stated herein are true. I am aware that any false information submitted in a document I degree felony as provided for in s.817.155, F.S.
in 1	
May A. Bryand Sig	$\frac{3-29-20/7}{\text{Date}}$
v J	