

N170000003737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

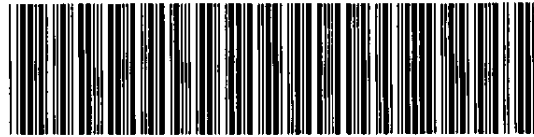
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 APR - 7 PM 3:58

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17 APR - 7 AM 4:22

COVER LETTER

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

SUBJECT:

HDPE & LOVE 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:

Stephanie Howard

Name (Printed or typed)

2504 Jim Lee Rd

Address

Tallahassee, FL 32301

City, State & Zip

850 528 5890

Daytime Telephone number

stephaniehoward68@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:

Hope & Love Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2504 Jim Lee Rd
Tallahassee, Fl
32301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A ministry and I want to protect the
name.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

upon

voted

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Stephanie Howard
Prophetess

Name and Title:

Address

2504 Jim Lee
Rd Tallahassee, Fl
32301

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR - 7 AM 4: 22

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:

Stephanie Howard

Address:

2504 Jim Lee Rd
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name:

Stephanie Howard

Address:

2504 Jim Lee
Tallahassee, FL 32301

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

Stephanie Howard

Required Signature of Registered Agent

4-7-17

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.

Stephanie Howard

Required Signature of Incorporator

4-7-17

Date