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(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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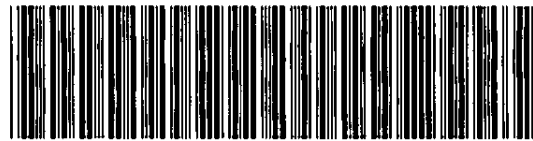
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Office Use Only

WNUW 32539

APR 28 2015

T. SCOTT



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04/13/17--01006--026 \*\*78.50

APPROVED  
AND  
FILED  
17 APR 27 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2017

YOLANDA RODRIGUEZ  
5243 PEACOCK DR J-1  
HOLIDAY, FL 34690

SUBJECT: HOPE CARE MINISTRY, INC  
Ref. Number: W17000032539

We have received your document for HOPE CARE MINISTRY, INC and your check(s) totaling \$78.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 117A00007303

RECEIVED  
17 APR 27 PM 3:47  
BUREAU OF CORPORATE SERVICES

## COVER LETTER

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

SUBJECT: Hobe Care Ministry, 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: Yolanda Rodriguez  
Name (Printed or typed)

5243 Peacock Dr. J-1  
Address

Holiday, FL. 34690  
City, State & Zip

856-899-6109  
Daytime 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)

**ARTICLE I NAME**

The name of the corporation shall be: Hope Care Ministry, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

5243 Peacock Dr. J-1

Holiday, FL. 34690

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: We at Hope Care Ministry Combine with a group of chaplain and other Christian churches are people with love and compassion. We set out once a month. Preparing and providing snacks and blessing bags consisting of personal hygiene items. We also encourage them to seek help and we also give biblical counseling.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: By their testimony, character, compassion and integrity. By vote election with the ~~board~~ Assembly.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: yolanda Rodriguez (P) Name and Title: Abdul Wali Salaam (O)

Address: 5243 Peacock Dr. J-1 Address: 4642 Alma St.  
Holiday, FL. 34690 Newport Richey, FL.  
34652

Name and Title: MANUEL O. Baez (VP) Name and Title: Joyce Salaam (S)

Address: 6035 Kentucky Ave. Address: 4642 Alma St.  
Newport Richey, FL Newport Richey, FL.  
34653 34652

Name and Title: Sheila G. Rosario (T) Name and Title: \_\_\_\_\_

Address: 6035 Kentucky Ave. Address: \_\_\_\_\_  
Newport Richey, FL \_\_\_\_\_  
34653 \_\_\_\_\_

17 APR 27 AM 8:46  
CLERK OF STATE  
TAMPA, FLORIDA

APPROVED  
AND  
FILED

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: MANUEL O. Báez

Address: 6035 Kentucky Ave.  
Newport Richey, FL. 34653

**ARTICLE VII INCORPORATOR**

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

Name: Yolanda Rodriguez

Address: 5243 Peacock Dr. J-1  
Holiday, FL. 34690

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: January 20, 2017 (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*

M-O-B-E

Required Signature of Registered Agent

04/10/2017

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.*

Yolanda Rodriguez

Required Signature of Incorporator

04/10/2017

Date