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17 JUL 11 AM 11:24  
TALLAHASSEE, FLORIDA

07/12/17

## COVER LETTER

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

SUBJECT: TRINITY HOUSE of HOPE NETWORKING MINISTRIES "Help Center"  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)  
HOMELESS HOUSING AGENCY SUPPORT  
W/ REFERRAL TRANSPORT AND SHARING GROUPS INC.

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:

MICHAEL J. BARRON SR <sup>MJB-SR</sup>  
Name (Printed or typed)

2006 VALENCIA AVE <sup>NEW ADDRESS</sup>  
Address 4129 N. US HWY #1

Ft. PIERCE FLA. 34950 <sup>LOT #55</sup>  
City, State & Zip 34946

772-460-0355 / (772) 834-5629  
Daytime Telephone number

NO COMPUTER YET!!!  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

**In compliance with Chapter 617, F.S., (Not for Profit)**

The name of the corporation shall be: TRINITY HOUSE OF HOPE NETWORKING MINISTRIES Help, listen  
ARTICLE IV. PRINCIPAL OFFICE HOMELESS HOUSING AGENCY REFERRAL TRANSPORT AND

Principal **street** address:

FT PIERCE FLA. 34946

~~2006 VALENCIA AVE~~

P.O. BOX will inter be utilized

The purpose for which the corporation is organized is: TO PROVIDE FOOD, CLOTHING & SHELTER FOR HOMELESS -;

SOCIAL UPGRADE by REFERRAL TRANSPORT GUIDANCE (JOB TRNG. - EDUCATION - SELF SUPPORT & RECOVERY LIFESTYLE TRAINING) FOR HOMELESS, DISABLED, DISADVANTAGED MINORITIES DEPENDANT ON MONTHLY GOVT. ASSISTANCE. TO INCLUDE SPECIFICALLY AND UPON RELEASE A PROGRAM COMPTD. DRUG, ALCOHOL PARTICIPANTS, TO ASSIST IN TRANSITIONING BACK INTO THE COMMUNITY AS LAW BIDDING SELF SUPPORTING CITIZENS. TO START A NEW BREED OF MINISTRIES - MAKING CHRISTIANS OUT OF STREET FOLKS - SELF SUPPORTING LAW BIDDING CITIZENS W/ A GOD CONSCIOUSNESS - ALL PROG. PARTICIPANTS LICENSES ARE SUSPENDED - THE TRANSPORT AGENCY IS CRIME PREVENTION - DRUGS, ALCOHOL & CHILD SUPPORT

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: 11/15

ONCE ESTABLISHED THE VOTING PROCESS, APPOINT <sup>ED</sup> BY CHURCH ADMINISTRATION!

\* DELETING DEPENDENCY  
- BY -  
DELIVERING THE NEED ← "AT TAXPAYER EXPENSE" → NEEDLESS ARRESTS

**Name and Title:**

**Address:**

**Name and Title:**

**Address:**

**Name and Title:**

Address:

WE START  
By Giving To  
FATHERLESS  
LOW INCOME  
PROJECTS  
CHILDREN  
THRU-OUT  
THE COMM.  
"MORE BLESSED  
TO GIVE THAN  
RECEIVE"  
ACTS 20:35  
HOPE THRU  
LOVE ...  
THE CHURCH  
GOOD LOVE

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
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 \_\_\_\_\_  
 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: <sup>MJB</sup> MICHAEL J. BARRON SR. #12 MICHAEL J. BARRON SR.  
 Address: 2006 VALENCIA AVE 4129 N. US HWY #1  
FT PIERCE FLA. 34946 LOT #55

17 JUL 11 AM 11:24  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MICHAEL J. BARRON SR.  
 Address: <sup>MJB</sup> 2006 VALENCIA AVE 4129 N. US HWY #1  
FT. PIERCE FLA. 34946 LOT #55

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 3/17/17 (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

MIKE J. BARRON SR. #12 MIKE J. BARRON SR. 7/8/17  
 Required Signature of Registered Agent 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.

MIKE J. BARRON SR. #12 7/8/17  
 Required Signature of Incorporator Date  
MIKE J. BARRON SR.