

N18000000702

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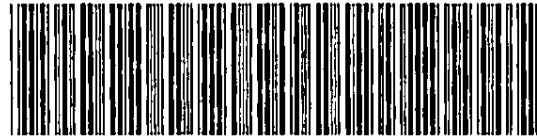
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CLERK OF COURT
PALM BEACH COUNTY, FLORIDA

COVER LETTER

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

SUBJECT: Raiment of Hope Ministries International 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: Audrey E. Hoffman

Name (Printed or typed)

1057 Quesada Street, SE

Address

Palm Bay, FL 32909

City, State & Zip

305-542-1120

Daytime Telephone number

raimentofhopeministries@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: Raiment of Hope Ministries International Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1057 Quesada Street, SE

Palm Bay, FL 32909

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Said Corporation is organized and operated exclusively for charitable,
religious and educational purposes, including, for such purposes, the making of distributions to organizations that qualify as
exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future
federal tax code

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: By Laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Audrey E. Hoffman, President/CEO

Address: 1057 Quesada Street, SE
Palm Bay, FL 32909

Name and Title: Trenese Daniels, Treasurer

Address: 21223 N.W. 14th Place
#224
Miami Gardens, FL 33169

Name and Title: Zipporah Israel, Vice President

Address: 2677 Western Avenue
Park Forest, IL 60486

Name and Title: _____

Address: _____

Name and Title: Byron I. Hoffman, Secretary

Address: 1057 Quesada Street, SE
Palm Bay, FL 32909

Name and Title: _____

Address: _____

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PALM BAY, FLORIDA

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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: Registered Agents Inc.
 Address: 3030 N. Rocky Point Dr., STE 150A
Tampa, FL 33697

ARTICLE VII INCORPORATOR

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

Name: Audrey E. Hoffman
 Address: 1057 Quesada Street, SE
Palm Bay, FL 32909

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 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

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

Bill Hume

Required Signature of Registered Agent

01/11/2018

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.

Audrey E. Hoffman

Required Signature of Incorporator

1/11/2018

Date