<u>1800002297</u>					
(Requestor's Name) (Address) (Address)	900308950329				
(City/State/Zip/Phone #)	900303950329 11/04/1660055021 **?6.58				
(Business Entity Name) (Document Number) Certified Copies Certificates of Status					
Special Instructions to Filing Officer:	18 FEB 28 AM 9: 16				

MAR 0 1 2018 T. SCOTT

COVER LETTER



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

ALEXANDRA & JACQUELINE HOPE FOR LIFE INC SUBJECT:

(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 ST8.75 Filing Fee & Certified Copy

San States State

ADDITIONAL COPY REQUIRED

FROM: ALEXANDRA & JACQUELINE HOPE FOR LIFE INC

Name (Printed or typed)

13476 SUNSET LAKE CIECLE

Address

WINTER GARDEN FL 34787

City, State & Zip

4057900301

Daytime Telephone number

grayatwork@msn.com

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

ARTICLES OF INCORPOR	ł٨	'OR.	ATION
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In compliance with Chapter 617, F.S., (Not for Profit)

<u>ARTICLE4 - NAME</u>

• • • •

ALEXANDRA & JACQUELINE HOPE FOR LIFE INC

	<u>1 PRINCIPAL OFFICE</u>		Mailing address, if different is:			
Principal <u>reet</u> address: 13476 SUNSET LAKE CIRCLE		SA				
W	inter Garden Florida 34787					
The purpose	II <u>PURPOSE</u> for which the corporation is organized is: H COLLEGE FUNDING, PROVIDING RESC					
			ectors are elected and appointed:	Е 		
<u>ARTICLE V</u>	<u>INITIAL OFFICERS AND/OR DIRE</u>	<u>CTORS</u>	MAUREENA SUMMERS TREASUER	'E		
A <i>RTICLE V</i> Name and T	<u>INITIAL OFFICERS AND/OR DIRE</u>	<u>CTORS</u> Name and Title	ectors are elected and appointed:	E		
A <i>RTICLE V</i> Name and T	<u>INITIAL OFFICERS AND/OR DIRE</u>	<u>CTORS</u>	MAUREENA SUMMERS TREASUER	'E 		
ARTICLE N Name and T Address	<u>INITIAL OFFICERS AND/OR DIRE</u> itle: TAMERA GRAY CHAIR PERSON 1601 PROVIDENCE CIRCLE ORLANDO FL 34787 ANITA EDWARD, SECRETARY	<u>CTORS</u> Name and Title Address:	MAUREENA SUMMERS TREASUER 1205 N PARKER OLATHE KS 66061	Έ 	18	
ARTICLE I ARTICLE V Name and T Address Name and T Address	<u>INITIAL OFFICERS AND/OR DIRE</u> itle: TAMERA GRAY CHAIR PERSON 1601 PROVIDENCE CIRCLE ORLANDO FL 34787 itle: ANITA EDWARD SECRETARY 104 CRESLINE PLACE	<u>CTORS</u> Name and Title Address:	MAUREENA SUMMERS TREASUER	E	18 FEP	
<u>ARTICLE N</u> Name and T Address Name and T	<u>INITIAL OFFICERS AND/OR DIRE</u> TAMERA GRAY CHAIR PERSON 1601 PROVIDENCE CIRCLE ORLANDO FL 34787 itle: ANITA EDWARD SECRETARY 104 CRESLINE PLACE PITTBURGS PA 15221	<u>CTORS</u> Name and Title Address: Name and Title	MAUREENA SUMMERS TREASUER 1205 N PARKER OLATHE KS 66061		FEB 28	
<u>ARTICLE N</u> Name and T Address Name and T Address	<u>INITIAL OFFICERS AND/OR DIRE</u> TAMERA GRAY CHAIR PERSON 1601 PROVIDENCE CIRCLE ORLANDO FL 34787 itle: ANITA EDWARD SECRETARY 104 CRESLINE PLACE	<u>CTORS</u> Name and Title Address: Name and Title Address: Address:	MAUREENA SUMMERS TREASUER 1205 N PARKER OLATHE KS 66061		FEB 2	

Name and Title:	·	Name and Title:
Address ,	· · · · · · · · · · · · · · · · · · ·	_ Address:
		Name and Title:
Address		Address:
_		
_		
ARTICLE VI	<u>REGISTERED AGENT</u>	
The name and Flo	prida street address (P.O. Box NOT acco	eptable) of the registered agent is:
Name:		
Address:	13476 SUNSET LAKE CIRCLE	
	Winter Garden Florida 34787	
4 1979 IZ 18 171 I		
	INCORPORATOR Iress of the Incorporator is:	
Name:		
Address: 13476 SUNSET LAKE CIRCLE		
	Winter Garden Florida 34787	
ADTICLEVILL		
Effective date, if o	EFFECTIVE DATE: 8/01/2016 ther than the date of filing:	(OPTIONAL)
		(OF ((ONAL))

(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

Required Signature of Registered Agent

02/01/2018

02/01/2018

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.

Required Signature of Incorporator

Date