

N180000 11613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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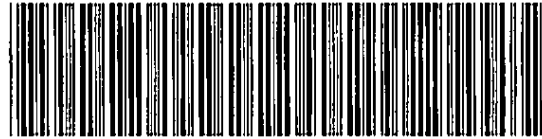
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COVER LETTER

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

SUBJECT: HOPE Panhandle, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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HOPE Panhandle, Inc.

Name (printed or typed)

790 N Highway 393, Suite 2C

Address

Santa Rosa Beach, FL 32459

City, State & Zip

(850) 855-0935

Daytime Telephone Number

hopepanhandle@gmail.com

E-mail address: (to be used for future annual report notification)

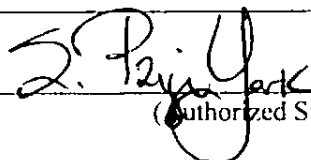
**NOT FOR PROFIT
CERTIFICATE OF DOMESTICATION**

The undersigned, S. Paige York, Secretary
(Name) (Title)
of HOPE Panhandle, Inc. a foreign Corporation
(Corporation Name)
in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was October 15, 2018.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Mississippi.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was HOPE Panhandle, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is HOPE Panhandle, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Mississippi.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am Secretary of HOPE Panhandle, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 23rd day of October, 2018.


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	<u>\$128.75</u>

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

HOPE Panhandle, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address shall be:

Principal Address

790 N Highway 393, Suite 2C

Santa Rosa Beach, FL 32459

Mailing Address

790 N Highway 393, Suite 2C

Santa Rosa Beach, FL 32459

ARTICLE III PURPOSE

The purpose for which the corporation is organized:

The corporation is organized exclusively for charitable purposes,
more specifically to provide disaster relief services to the survivors of Hurricane Michael.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors are initially appointed by the Incorporators of the Corporation
to serve a set term, with the initial Directors having staggered terms. Thereafter,
Directors are elected by the existing Board of Directors to fill any vacancies
caused by the expiration of a Director's term or to complete the unexpired term
of any Director who resigns or otherwise fails to serve his/her entire term.

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

The name(s) and address(es) and specific title(s):

Title/Name

S. Paige York, President and Secretary
790 N Highway 393, Suite 2C
Santa Rosa Beach, FL 32549

Title/Name

Casey Tippens, Treasurer
790 N Hwy 393, Suite 2C
Santa Rosa Beach, FL 32549

Title/Name

Reese Harrison, Chairman of the Board
790 N Highway 393, Suite 2C
Santa Rosa Beach, FL 32459

Title/Name

Mara Harrison, Vice President
790 N Highway 393, Suite 2C
Santa Rosa Beach, FL 32459

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

S. Paige York

790 N Highway 393, Suite 2C

Santa Rosa Beach, FL 32459

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

S. Paige York

790 N Highway 393, Suite 2C

Santa Rosa Beach, FL 32459

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OCT 23 2018

Having been named as registered agent and 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.

S. Paige York
Signature/Registered Agent

Oct. 23, 2018
Date

S. Paige York
Signature/Incorporator

Oct. 23, 2018
Date