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COVER LETTER

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

SUBJECT:	New Hope	OF TAMPA B	ay, 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: ANTHONY AGOSTO Name (Printed or typed) 5701 N. Zoth St Address Tampa, FL 33610 City, State & Zip							

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

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

				-	•
		ARTICLES OF IN In compliance with Chapter		מיטבר	
ARTICLE I	NAME the corporation shall be:	New Hose of	TAMPA Bay	, Inc	- - 0
ARTICLE II	_	<u> </u>			<u>;; </u>
	Principal street address N. 2	on Street	0 · N	ress, if different is:	P ane
	TAMPA, FL	-33610	Land O	Lakes, FL	34638
The purpose	for which the corporation	is organized is: a fair	, , , ,		that.
1 1	- 1 - 1	round Services		•	1 1
		obvicty and S	1 1 1 1	services in	
	1 1 1	tional suppor	 	. 11	
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environ	1	h biblical and			Communi
		ment aspiring			
ARTICLEI		Spiritual Ma CTION The manner in which		, , , , , , , , , , , , , , , , , , , ,	_
of 120	para of Direc	Hors and appoi	integat anni	ual meeti	ng
ARTICLE V	<u>INITIAL OFFICERS</u>	SAND/OR DIRECTORS		·	
Name and Ti		AGOSTO, PRESID		eja Russo-	
Address		in Range Languages	ss: <u>3203</u>	Kowan Las	
	Land U (a)	res, FL 34638	Tampe	4FL 336	18
			_Seck	CTARY	
Name and Ti		190815 Name :	and Title: CHKAST	WA AGOST	Ġ
Address	Vill Presi				- /
		n Royelane	7064 1	owne Lake	e Rd
	Lard O La	kus, FL 34638	. Rivervie	w, FL 335	178
Name and Ti		alenti-Bestame	and Title:		
Address	Treasure		55:		
	8431 N	Lois Aue	 		
	Dumpa. [7 33614			

Name and Title:	Name and Title:	
Address	Address:	
Name and Title:	Name and Title:	
Address	Address:	
Name: ANTHONY	Box NOT acceptable) of the registered agent is: AGOSTO Proufe Lane akes, FL 34638	18 EEC
ARTICLE VII INCORPORATOR The name and address of the Incorporator	•	11 Pii
Name: $AWTHONY$ Address: $955J-G$ $Land O'$	AGOSTO Lates, FL34638	÷ 10
	g: (OPTIONAL) st be specific and cannot be more than five days p	
Note: If the date inserted in this block doe document's effective date on the Departme	s not meet the applicable statutory filing requirements nt of State's records.	s, this date will not be listed as the
Having been named as registered agent to certificate, I am familiar with and accept the	o accept service of process for the above stated corp we appointment as registered agent and agree to act in	oration at the place designated in this this capacity
_ Controny C	fractional fraction of Registered Agent	12/5/18
I submit this document and affirm that the	are of Registered Agent facts stated herein are true. I am aware that any fals and degree felony as provided for in s.817.155, F.S.	Date e information submitted in a document .
antrony G	400	12/5/18
Required/S	gnature of Incorporator	Date