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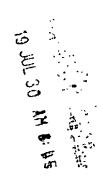
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COVER LETTER

19 HIL 30 RH E 115

Department of State Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

SUBJECT:	Teacher	Grue	Hope	Tre -
•	(PRC	POSED CORPO	DRATE NAME	E – MUST INCLUDE SUFFIX)

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

S70.00 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: Vanique E. Mª Kenzie - Samuels
Name (Printed or typed)

204 Mesa Lane
Address

Jacksonville, NC 28546

City. State & Zip

Plo-988 - 6762

Daytime Telephone number

-teachersquehobeinc@gmail.com
E-mail address: (to be bsed 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 The name of th	NAME e corporation shall be: Teache	rs Giv	e Hope Incident in
	PRINCIPAL OFFICE		19 JUL 30 AH 8: 55
	Principal street address:		Mailing address, if different is:
.a.c	160 NW 48+12 Te	rrace _	204 Hesa Lane
La	uderhill, Fl 333	13	Sacksonville, N.C.
			28546
ARTICLE III	PURPOSE	To av	sist in providing
-tre	Masic rulai G	of chu	Later, during
the e	arly year, by	create	à a balance and
amprove	ing their quali	it of	life.
	·		
ARTICLE IV	MANNER OF ELECTION The manner	in which the dire	ctors are elected and appointed: Board
_			water during the
rankua	I meeting of the	board	•
ARTICLE V	INITIAL OF FICERS AND/OR DIRECTO	<u> </u>	
100.1	Yanique Eleen MEKenz	ice-	Carol Clarke (Treasurer)
Name and Title	_		Carol Clarke (Treasurer)
Address			2060 NW HRTR Terrace
	Terrace, Lauderhill		Lauderfull, Fl 33313.
	FR · 33313·		
Name and Title	Marsha MA Roberts	Name and Title	Gwendolyn NEKenzie (Treasurer
Address	(Deputy-Director) 204 Mesa Lane		
	Jacksonville, NC		Brooklyn, NY 11234
	28546.		
Name and Titl	Tamar Silvera	Name and Title	
Address	Secretary 216-23 115th	Address:	
	Terrace, Cambria		
	Heights, NY 11411		
	J		

Name and Title:	Name and Title:					
Address						
	<u> </u>					
	1:	3 JUL 30 17 8: 11 2				
Name and Title:	Name and Title:					
Address	Address:					
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT ac	countable) of the registered quantity					
Name: Yanique & Mck	•					
Address: 2060 NW 48+6 Terrace, Laudehill	 (
reface, same	2, FC 333, G					
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:						
Name: Yanique € MEKer	Yanique € M≅kenzie-Samuels 2060 NW 48th Terrace,					
Address: 2060 NW 48te	V Terrace,					
Lauderhill, Fl	33313					
ARTICLE VIII EFFECTIVE DATE:	OOTIONAL					
Effective date, if other than the date of filing:(If an effective date is listed, the date must be specific	and cannot be more than five days prior	r or 90 days after the filing.)				
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-		is date will not be listed as the				
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment	e an marring and amount and arread to not in the					
Required Signature of Register		7/21/2019				
Required Signature of Register	red Agent	Date				
I submit this document and affirm that the facts stated he to the Department of State constitutes a third degree felor	erein are true. I am aware that any false in	iformation submitted in a document				
youls Jemi- Soly		7/21/ania				
Required Signature of Inc	corporator	7/21/2019 Date				