

N/190000/2509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

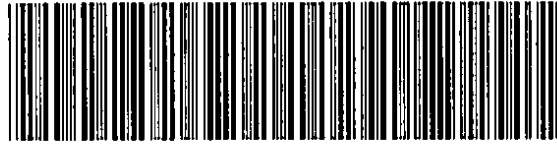
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M. MOON
DEC 12 2019



600337336216

11/25/19--01149--022

FILED
2019 NOV 25 AM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Homeowners Legal Rights, 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: Linda Nash

Name (Printed or typed)

2136 Linden Rd.

Address

Winter Park, FL 32792

City, State & Zip

407-418-8266

Daytime Telephone number

lindanash157@gmail.com

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

FILED
2019 NOV 25 AM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Homeowners Legal Rights, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2136 Linden Rd.

Winter Park, Fl. 32792

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to assist homeowners that have lost their homes to foreclosure or
surrendered them under intimidation, cash for keys agreement, forced short sale or simply abandoned for lack of compromise with
the alleged lender and unable to make payments. Also to assist homeowners with alternatives to modifications or other options to
remain in their homes either fighting foreclosure or making payments. This organization will provide homeowner assistance gaining
knowledge and education on legal constitutional rights and alternatives to losing their homes. Thereby keeping homeowners in their

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Appointed by Officer

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Linda Nash CEO/VP/Secretary

Address: 2136 Linden Rd.

Winter Park, Fl. 32792

Name and Title: Chester Cooke CFO/ President

Address: 103 Jackson St.

Gordonville, Va. 22942

Name and Title: Kelley Bosecker Board Member

Address: 1400 Gandy Blvd. #706

St. Petersburg, Fl. 32792

Name and Title: Janet Hill Board Member

Address: 543 Auburn Ave.

Atlanta, Ga. 30321

Name and Title: Shelley Erickson Board Member

Address: 5421 Pearl Ave.

Auburn, Wa. 98092

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 NOV 25 AM 3:24

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: Linda Nash
Address: 2136 Linden Rd.
Winter Park, FL 32792

ARTICLE VII INCORPORATOR

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

Name: Linda Nash
Address: 2136 Linden Rd.
Winter Park, FL 32792

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: November 20, 2019, (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


Required Signature of Registered Agent

11/20/2019
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

11/20/2019
Date

FILED
2019 NOV 25 AM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA