

N 19000013 III

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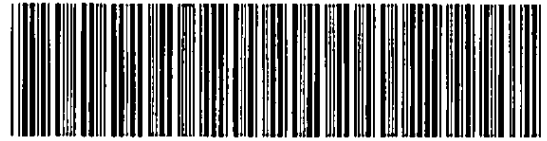
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2020 DEC -5 AM 10:45  
TALLAHASSEE FL 32309

...

COVER LETTER

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

SUBJECT: AWARENESS OF HOPE, 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: AWARENESS OF HOPE, INC, NICHOLAS DANALUK, JR.  
Name (Printed or typed)

715 SOUTH OCEAN DRIVE UNIT D  
Address

FORT PIERCE, FL 34949  
City, State & Zip

772-708-4557  
Daytime Telephone number

AWARENESSOF HOPE @ GMAIL.COM  
E-mail address: (to be used 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)

2020 DEC -5 PM 01:45  
FILED

ARTICLE I NAME

The name of the corporation shall be: AWARENESS OF HOPE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 715 SOUTH OCEAN DR UNIT D  
Mailing address, if different is: 1425 SW EDINBURGH DR.  
FORT PIERCE, FL 34949 PT. ST. LUCIE, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: AWARENESS OF HOPE, INC WILL PROVIDE RESPITE VACATIONS FOR THOSE FAMILIES WHO HAVE EXPERIENCED CHILDHOOD CANCER, FAMILY TRAUMA, CAREGIVERS, NURSES, DOCTORS, + SOCIAL WORKERS TO AID IN SELF CARE. WE WILL PROVIDE A SAFE PLACE TO RECONNECT WITH THEIR CORE FAMILIES, MAKE NEW MEMORIES, DISCOVER HEALTHY EATING HABITS, EXPERIENCE LOCAL HISTORY, MUSEUMS + ACTIVITIES, FREE PARENTING CLASSES, NIGHT OUT FOR PARENTS, ART CLASSES, REST FOR HEALING AND A TRANQUIL PLACE FOR RESPITE.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: SELECTED BY PRESIDENT AND EXECUTIVE DIRECTOR.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NICHOLAS PANALUK, JR Name and Title: MICHELLE LONGARZO  
Address: PRESIDENT Address: EXECUTIVE DIRECTOR  
1425 SW EDINBURGH DR. 1425 SW EDINBURGH DR  
PT. ST. LUCIE, FL 34953 PT. ST. LUCIE, FL 34953

Name and Title: LORETTA DENNIS, SECRETARY Name and Title: USANDRA LEON-DETZ, DIRECTOR  
Address: 4584 JOULE STREET Address: 6359 15TH CT  
PT. ST. LUCIE, FL 34953 WEST PALM BEACH, FL 33415

Name and Title: TIFFANY OFFEMU, DIRECTOR Name and Title: GUS FORT, JR., DIRECTOR  
Address: 715 SOUTH OCEAN DR #E Address: 49 WOODLAND DR. UNIT 201  
FORT PIERCE, FL 34949 VERO BEACH, FL 32902

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: NICHOLAS DANALUK, JR.

Address: 1425 SW EDINBURGH DR  
PORT ST LUCIE, FL 34953

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MICHELLE LONGARZO

Address: 1425 SW EDINBURGH DR  
PORT ST. LUCIE FL 34953

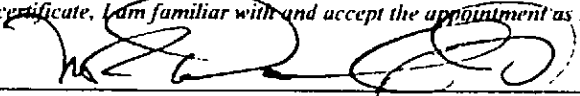
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: DECEMBER 7, 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.)

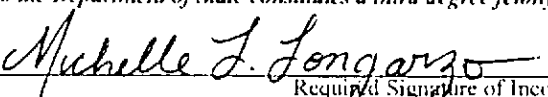
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

12-03-19  
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

12-3-19  
Date