

N20000000955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

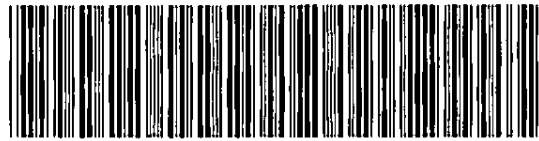
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800340012328

2020 JAN 29 PM 2:24  
TALLAHASSEE, FLORIDA

2020 JAN 29 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

1110700  
Drumhaley

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 151230 8296998

AUTHORIZATION :



COST LIMIT : \$70,000

ORDER DATE : January 24, 2020

ORDER TIME : 11:47 AM

ORDER NO. : 151230-001

CUSTOMER NO: 8296998

DOMESTIC FILING

NAME: LIVING FOR HOPE MINISTRIES,  
INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** LIVING FOR HOPE MINISTRIES, 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:** \_\_\_\_\_  
Name (Printed or typed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

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)

**ARTICLE I NAME**

The name of the corporation shall be: LIVING FOR HOPE MINISTRIES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
17350 NW 67th Ave #409

Hialeah, FL 33015

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To present the gospel of Jesus Christ to those incarcerated and help them walk out with their new life beyond jail walls.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_ by vote

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sofia Sanchez, President

Address: 17350 NW 67th Avenue #409  
Hialeah, FL 33015

Name and Title: Acelia Rodriguez, Treasurer

Address: 850 W. 80th Place  
Hialeah, FL 33014

Name and Title: Dora Rivera-Volpe, Vice President

Address: 19305 NW 42nd Avenue  
Miami Gardens, FL 33055

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Jessica Arias, Secretary

Address: 8476 Glencairn Ter  
Hialeah, FL 33014

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2020 JAN 29 PM 12:17  
SECRETARY  
TALLAHASSEE, FLORIDA

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: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sofia Sanchez

Address: 17350 NW 67th Avenue #409

Hialeah, FL 33015

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

Corporation Service Company  
By: \_\_\_\_\_ Lydia Cohen  
Assistant VP  
Required Signature of Registered Agent

1/29/2020  
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

Sofia Sanchez, President

1/29/2020  
Date