

N20000001610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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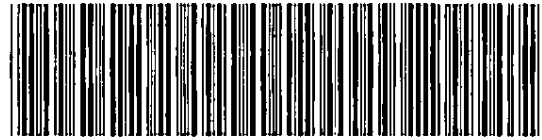
(Business Entity Name)

(Document Number)

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

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COVER LETTER

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

SUBJECT: Hazel's House, 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: Hazel Cross  
Name (Printed or typed)

1745 Wells Rd #1309  
Address

Orange Park FL 32073  
City, State & Zip

386-675-3244  
Daytime Telephone number

HJADVERTISE@aol.com  
E-mail address: (to be used for future annual report notification)

2020 JAN 24 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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: Hazel's House, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1745 Wells Rd #1309  
Orange Park, FL 32073

Mailing address, if different is \_\_\_\_\_

SECRETARY OF STATE  
FALLAHASSEE, FL

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Charitable - relief of the  
poor, the distressed, the underprivileged,  
Advancement of Religion, Advancement of  
education; erecting or maintaining public building;  
and combating community deterioration and juvenile  
delinquency. Christian Charity.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

Written VOTE By each officer

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

Name and Title: Porschia Holmes  
Address: 1745 Wells Rd #521  
Orange Park, FL 32073  
Title: Director of Marketing

Name and Title: Delores Anderson  
Address: 8110 Phelps Pl.  
District Heights MD  
20747  
Title: Administrator of Events

Name and Title: Theresa Anderson  
Address: 8110 Phelps Pl  
District Heights MD  
Title: Tax Preparer 20747

Name and Title: Princella Anderson  
Address: 302 Rock Springs Ct.  
Pasadena, MD 21122  
Title: Education Program ADM.

Name and Title: Hazel Cross  
Address: 1745 Wells Rd  
Orange Park, FL 32073  
Title: Director/CEO

Name and Title: Denise Bogan  
Address: 6455 Arqyle Forest Blvd  
Jackson, FL 32244  
Title: Program Assistant

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: Alvin Campbell

Address: 210 WILSON BLVD  
JACKSONVILLE FL 32210

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Hazel Cross

Address: 1745 Wells Rd #1309  
Orange Park, FL 32073

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TALLAHASSEE, FL

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**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

Alvin Campbell  
Required Signature of Registered Agent

1-15-20  
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.

Hazel Cross  
Required Signature of Incorporator

1-15-20  
Date