

N200000006405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

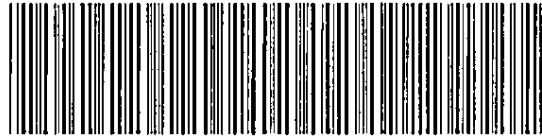
(Business Entity Name)

(Document Number)

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

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FILED  
2020 JUL 25 PM 12:26  
FBI - JEFFERSON  
2020 JUL 25 PM 1:30

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## COVER LETTER

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

SUBJECT: HOPE TOTES FOUNDATION, 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: Ashley Simans  
Name (Printed or typed)

P.O. Box 652

Address

Quincy, Florida 32353

City, State & Zip

(850) 815-9016

Daytime Telephone number

hopetotesfoundation@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)

### ARTICLE I NAME

The name of the corporation shall be: HOPE TOTES FOUNDATION, INC.

### ARTICLE II PRINCIPAL OFFICE

Principal street address:  
1715 Beechwood Circle South

Tallahassee, Florida 32301

Mailing address, if different is:  
P.O. Box 652

Quincy, Florida 32353

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: (Also refer to the attached)

The purpose of Hope Totes Foundation, Inc. is to provide basic necessity items that bring a sense of hope to homeless individuals of any age, that are in need while simultaneously establishing edifying connections that will inspire personal change impacting lives for years to come!

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As stated in ByLaws.

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ashley Simans, President

Address: 1715 Beechwood Circle South  
Tallahassee, Florida 32301

Name and Title: Cynthia Douglas, Vice President

Address: 1715 Beechwood Circle South  
Tallahassee, Florida 32301

Name and Title: Sean Alderman, Secretary/Treas.

Address: 1715 Beechwood Circle South  
Tallahassee, Florida 32301

Name and Title: Samuel Daniels, Board Member

Address: 1715 Beechwood Circle South  
Tallahassee, Florida 32301

Name and Title: Dedra Hopkins-Dishman, Board Member

Address: 1715 Beechwood Circle South  
Tallahassee, Florida 32301

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

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

2028 JUN 25 PM 12:21

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: Ashley Sirmans

Address: 1715 Beechwood Circle South

Tallahassee, Florida 32301

**ARTICLE VII INCORPORATOR**

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

Name: Ashley Sirmans

Address: 1715 Beechwood Circle South

Tallahassee, Florida 32301

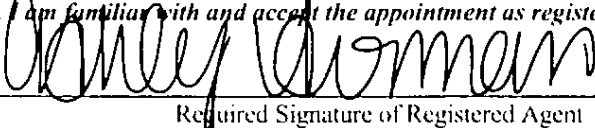
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 6/24/20. (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*

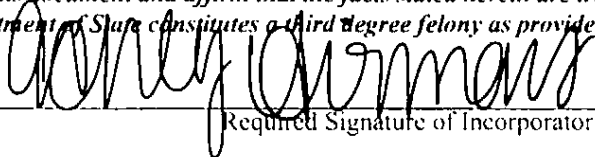


Required Signature of Registered Agent

6/24/20

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.*



Required Signature of Incorporator

6/24/20

Date

**Article III – Purpose**  
**Hope Totes Foundation, Inc.– (Attachment)**

Organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501c3 of the Internal Revenue Code, or corresponding section of any future tax code. Upon dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501c3 of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to the state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations as said Court shall determine which are organized and operated exclusively for such purposes. The mission of Hope Totes Foundation, Inc. is to provide basic necessity items that bring a sense of hope to homeless individuals of any age, that are in need while simultaneously establishing edifying connections that will inspire personal change impacting lives for years to come.