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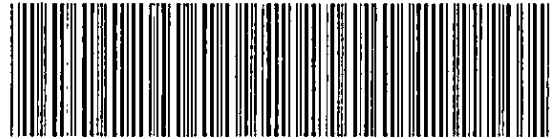
(Business Entity Name)

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**DATE: 8/14/20**

**NAME: HOPE PARTNERS INTERNATIONAL INC**

**TYPE OF FILING: ARTICLES**

**COST: 70.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



## COVER LETTER

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

**SUBJECT:** Hope Partners International, 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:** Robert K Nowery  
\_\_\_\_\_  
Name (Printed or typed)

4734 Butterfly Pl. NE  
\_\_\_\_\_  
Address

St. Petersburg, FL 33703  
\_\_\_\_\_  
City, State & Zip

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

knowery@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)

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I NAME**

The name of the corporation shall be: Hope Partners International, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
4734 Butterfly Pl. NE, St. Petersburg, FL 33703

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Rescue Children and Transform Their Lives

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

Annual Meeting of Board of Directors

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

Name and Title: Rev. Andy Stimer, Chairman

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

Address: 230 Aspen Loop  
Kalispell, MT 59901

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

Name and Title: Rev. R. Kirk Nowery, President & CEO

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

Address: 4734 Butterfly Pl. NE  
St. Petersburg, FL 33703

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

Name and Title: Anthony Naimo, COO

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

Address: 245 Rainbow Dr. #14582  
Livingston, TX 77399

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

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: Kirk Nowery  
Address: 4734 Butterfly Pl. NE  
St. Petersburg, FL 33703

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TALLAHASSEE, FL

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kirk Nowery  
Address: 4734 Butterfly Pl. NE  
St. Petersburg, FL 33703

**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*

\_\_\_\_\_  
Required Signature of Registered Agent

07/28/2020

\_\_\_\_\_  
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

07/28/2020

\_\_\_\_\_  
Date