

N20000013960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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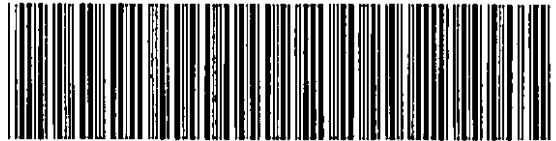
(Business Entity Name)

(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: CALEB'S PRAYER FOR HOPE 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: DANIEL K. BEAN, ESQUIRE, ABEL BEAN LAW, P.A.

Name (Printed or typed)

100 N. LAURA STREET, SUITE 501

Address

JACKSONVILLE, FL 32202

City, State & Zip

(904) 944-4104

Daytime Telephone number

dbcan@abelbeanlaw.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: CALEB'S PRAYER FOR HOPE FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
655 W MARINA COVE DRIVE

#336

ST. AUGUSTINE, FL 32080

Mailing address, if different is:
P. O. BOX 840037

ST. AUGUSTINE, FL 32080

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO HONOR A SON WHO LOST HIS LIFE TO ADDICTION;
TO PROVIDE RESOURCES FOR PREVENTION, RECOVERY, AWARENESS, YOUTH, EXCELLENCE, AND RESILIENCY;
AND TO SAVE LIVES.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: DIRECTORS VOTE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CYNTHIA M. DAVIS, DIRECTOR

Address 655 W MARINE COVE DRIVE
#336

ST. AUGUSTINE, FL 32080

Name and Title: CRISTIN M. GLOVER, DIRECTOR

Address P. O. BPX 840037

ST. AUGUSTINE, FL 32080

Name and Title: JILL E. MALONEY, DIRECTOR

Address P. O. BOX 840037

ST. AUGUSTINE, FL 32080

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2020 DEC 11 PM 5:27

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: ABEL BEAN LAW, P.A.

Address: 100 N. LAURA STREET, SUITE 501

JACKSONVILLE, FL 32202

ARTICLE VII INCORPORATOR

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

Name: CYNTHIA M. DAVIS, FOUNDER

Address: 655 WEST MARINA COVE DRIVE # 336

ST. AUGUSTINE, FL 32080

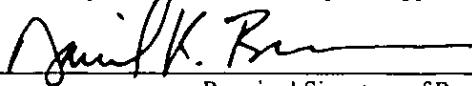
ARTICLE VIII EFFECTIVE DATE:

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

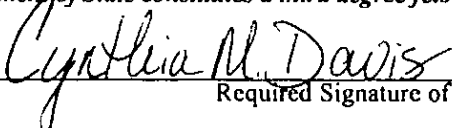


Required Signature of Registered Agent

10/28/2020

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

10/23/2020

Date

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