

NZ1000005408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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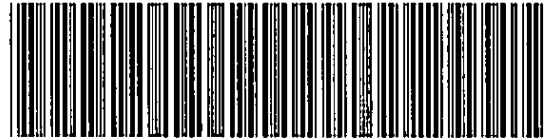
(Business Entity Name)

(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

2014 FEB 21 PM 8:23

SUBJECT: Drew's House of Hope, 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: Diane Davis
Name (Printed or typed)

110 Jungle Court
Address

Lakeland FL 33801
City, State & Zip

352-301-2119
Daytime Telephone number

dianed212@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: Drew's House of Hope INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Jungle Court Apt 1110
Lakeland Florida
33801

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose is not financial
but to improve quality of life for others in the
community and surrounding areas.
The program is to help veterans who are struggling
to maintain a safe living environment, seeking
a safe home.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Diane Davis / CEO Name and Title: _____

Address: Jungle Court Apt #1110 Address: _____
Lakeland Florida
33801

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: Diane Davis

Address: Single Court Apt # 1110
Lakeland Florida 33801

ARTICLE VII INCORPORATOR

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

Name: Katisha Callaway

Address: 876 Crestwood Dr
Winter Haven Florida
33881

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

Diane Davis
Required Signature of Registered Agent

3/23/21
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.

Diane Davis / Katisha Callaway
Required Signature of Incorporator

3/23/21
Date