

NA1000007492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

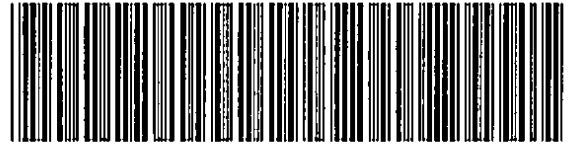
(Business Entity Name)

(Document Number)

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## COVER LETTER

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

**SUBJECT:** Hostage of Hope Ministries, 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**

Holly Rosenbalm Mickler  
**FROM:** \_\_\_\_\_  
Name (Printed or typed)

30009 Playa del Rey Lane  
\_\_\_\_\_  
Address

Wesley Chapel, FL 33543  
\_\_\_\_\_  
City, State & Zip

704-929-9878  
\_\_\_\_\_  
Daytime Telephone number

hollymickler@hotmail.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: Hostage of Hope Ministries, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
Hostage of Hope

19911 Bruce B Downs Blvd

Tampa, FL 33647

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to share the Gospel; deepen the knowledge and understanding of Christ by meeting physical and spiritual needs; and serve as an example of "love thy neighbor" in an "every man for himself" prison culture.

Hostage of Hope is a nonprofit corporation for charitable, religious, and educational purposes.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: is set forth in the  
bylaws and includes an interest in and willingness to oversee the administration of Hostage of Hope.

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

Name and Title: Holly Mickler, Executive Director Name and Title: \_\_\_\_\_

Address: 30009 Playa del Rey Lane Address: \_\_\_\_\_  
Wesley Chapel, FL 33543

Name and Title: Ashleigh Kemp, Director Name and Title: \_\_\_\_\_

Address: 16128 Colchester Palms Drive Address: \_\_\_\_\_  
Tampa, FL 33647

Name and Title: Melissa Bayley, Director Name and Title: \_\_\_\_\_

Address: 18508 New London Ave Address: \_\_\_\_\_  
Land o' Lakes, FL 34638

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: \_\_\_\_\_  
Holly Rosenbalm Mickler  
Address: \_\_\_\_\_  
30009 Playa del Rey Lane  
Wesley Chapel, FL 33543  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_  
Holly Rosenbalm Mickler  
Address: \_\_\_\_\_  
30009 Playa del Rey Lane  
Wesley Chapel, FL 33543  
\_\_\_\_\_

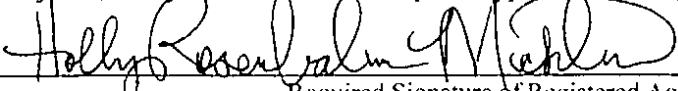
**ARTICLE VIII EFFECTIVE DATE:**

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

6/3/21

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

6/3/21

\_\_\_\_\_  
Date

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Tampa, FL 33647

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

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

Name and Title: Melissa Bayley, Director

Address: 18508 New London Ave

Land o' Lakes, FL 34638

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

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

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

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

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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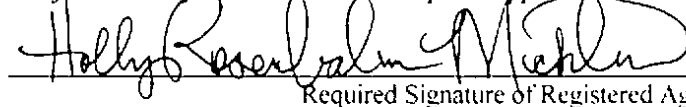
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Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

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Address: Tampa, FL 33647

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

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

Name and Title: Melissa Bayley, Director

18508 New London Ave

Address: Land o' Lakes, FL 34638

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

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

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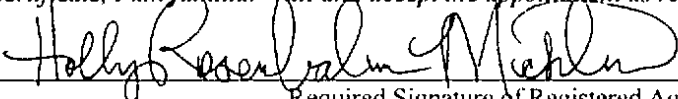
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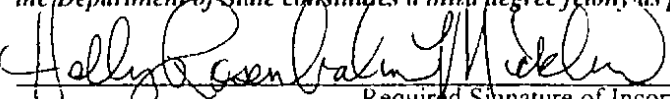
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