

8/13/2021

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000305621 3)))



H21000305621 3ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

8/16/21

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
HEALTH AND HOPE FOR ALL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2021 AUG 13 PM 1:20

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

COVER LETTER

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

SUBJECT: HEALTH AND HOPE FOR ALL, 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:

Sandra J. Lilo

Name (Printed or typed)

9355 113th Street Suite 3615

Address

Seminole, FL 33772

City, State & Zip

727-201-3555

Daytime Telephone number

mbchgrl@protonmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

H-21000305621 3)

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAMEThe name of the corporation shall be: HEALTH AND HOPE FOR ALL, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address:
9355 113th Street, Suite 3615Seminole, FL 33772Mailing address, if different is:
9355 113th Street, Suite 3615Seminole, FL 33772**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Provide health coaching and wellness spa**ARTICLE IV MANNER OF ELECTION**The manner in which the directors are elected and appointed: expertise in business, tax, law, or wellness profession. Direct contact**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Sandra J Lilo, President/DirectorAddress 9355 113th Street, Suite 3615Seminole, FL 33772

Name and Title: _____

Address: _____

Name and Title: William K Lovelace, DirectorAddress 401 S Lincoln AveClearwater, FL 33758

Name and Title: _____

Address: _____

Name and Title: Anthony J Comparetto, DirectorAddress PO Box 1298St. Petersburg, FL 33701

Name and Title: _____

Address: _____

H21000305621 3)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company

Address: 1202 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Sandra J Lilo

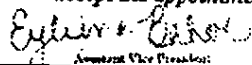
Address: 9355 113th Street, Suite 3615

Seminole, FL 33772

ARTICLE VIII EFFECTIVE DATE:

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

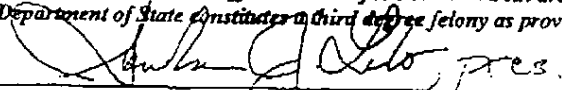
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

08/13/2021

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

11 August 2021

Date