

N21000014330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

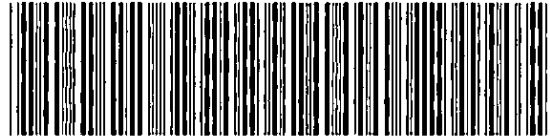
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



600377210696

12/20/21--01004--008 ^{70.00} **35.00

RECEIVED
2021 DEC 20 AM 11:01
TALLAHASSEE, FLORIDA

2021 DEC 20 AM 11:19
RECEIVED

J DENN
DEC 20

COVER LETTER

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

SUBJECT: Mary's Angles 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: Zina Fishburn
Name (Printed or typed)

4437 Blue Bill pass
Address

Talla, FL 32303
City, State & Zip

(850) 510-1338
Daytime Telephone number

Zina Fishburn@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: Mary's Angels of Hope Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

4437 Blue Bill pass
Tallahassee, FL 32303

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Mary's Angels of Hope purpose
is to help our community of people who have a great
need and assistance. Our mission is to work
with local business and other organizations to help
find a better way of opportunity for the poor.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Will be
appointed later by Directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Zinn Fishbunn Name and Title: _____

Address: 443 Blue Bill pass Address: _____
Tallahassee, FL 32303

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2021 DEC 20 AM 11:19

RECEIVED

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: Zina Fishburn

Address: 4437 Blue Bill pass
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

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

Name: Zina Fishburn

Address: 4437 Blue Bill pass
Tallahassee, FL 32303

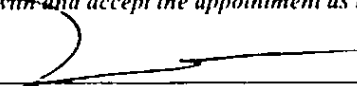
ARTICLE VIII EFFECTIVE DATE:

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.)

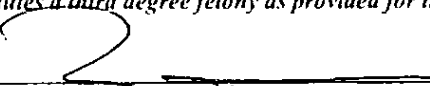
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

12/20/21
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

12/20/21
Date

I Zina Fishburn would like too
dissolve the business Marys Angels of Hope.

DOC Num-L21000507080

I will Not

revoke the dissolution

releasing name to be used for my non profit

12/20/21

Zina Fishburn
