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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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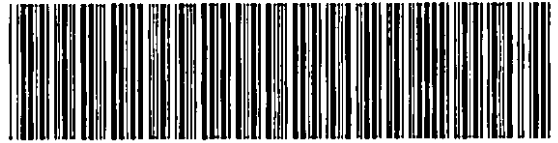
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT

B/2/22

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COVER LETTER

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

SUBJECT: Pasco Seeds 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: Lester Cypher

Name (Printed or typed)

6310 Trouble Creek Road

Address

New Port Richey, FL. 34653

City, State & Zip

727-457-2958

Daytime Telephone number

lcypher@tampabay.rr.com

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

2022 FEB -7 AM 10:01
SECRET
TALL

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: Pasco Seeds of Hope, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6310 Trouble Creek Road

New Port Richey,

Florida 34653

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to assist all people that are financially challenged with food, non-food product
and to assist the homeless get back on their feet and become productive citizens again. Also to assist homebound seniors with food and
personal items and to do wellness checks and communicate with them through their phone and mailings. Set up a network of other
not for profit organizations to meet the different needs of the underserved of Florida.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Day, Chairperson

Address 6310 Trouble Creek Road
New Port Richey,
Florida 34653

Name and Title: Edna Calvin, Secretary

Address: 6310 Trouble Creek Road
New Port Richey
Florida 34653

Name and Title: Lester Cypher, Asst. Chairperson

Address 7222 Orchid Lake Road
New Port Richey,
Florida 34653

Name and Title: Ali Mohammad, Jr., Public Relations

Address: 6310 Trouble Creek Road
New Port Richey
Florida 34653

Name and Title: David Dorscheimer, Food Distribution

Address 6310 Trouble Creek Road
New Port Richey
Florida 34653

Name and Title: Jonathan Maze, Communications

Address: 6310 Trouble Creek Road
New Port Richey
Florida 34653

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Name and Title: Debbie Kern, Director Name and Title: _____
 Address: 6310 Trouble Creek Road Address: _____
New Port Richey _____
Florida, 34653 _____

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: Lester Cypher
 Address: 7222 Orchid Lake Road
New Port Richey, FL. 34653

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Dorscheimer
 Address: 6310 Trouble Creek Road
New Port Richey, FL. 34653

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 SECRETARY
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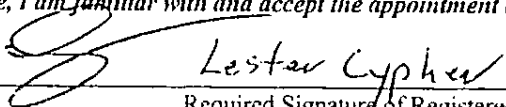
ARTICLE VIII EFFECTIVE DATE:

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.)

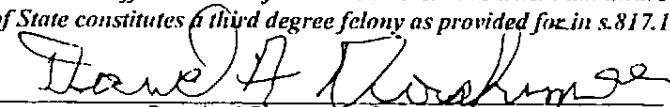
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

2/2/2022
 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

2/2/2022
 Date

Name and Title: Debbie Kern, Director Name and Title: _____
 Address: 6310 Trouble Creek Road Address: _____
New Port Richey _____
Florida, 34653 _____

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

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2/2/2022
 Date

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 SEC. 1
 TALL