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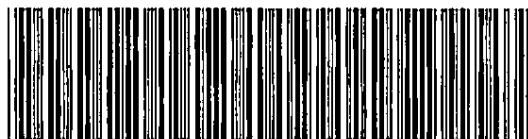
(Business Entity Name)

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D. O'KEEFE
SEP 29 2022

COVER LETTER

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

SUBJECT: Clotilde Hope Center 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: Marjorie Desir Previl
Name (Printed or typed)

2454 NW 95th Street
Address

Miami, Florida 33147
City, State & Zip

(305) 414-3255
Daytime Telephone number

Desire_Marjorie@yahoo.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: Clotilde Hope Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2454 NW 95th Street

Miami, Florida 33147

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Mission and Purpose of Clotilde Hope Center, Inc. is to provide an array of services, programs, activities and support to at-risk teenage youth; to strengthen their ability to become self-sufficient through workshops, seminars, training, counseling, therapy, mentoring, outreach, vocational training, job placement, life skills development, and other related initiatives. All are designed to enhance the quality of life for at-risk boys, girls and their families.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As set forthin Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marjorie D. Previl, Pres & Tresurer

Address: 2454 NW 95th Street

Miami, Florida 33147

Name and Title: _____

Address: _____

Name and Title: Rony Previl, V. P. & Resident Agent

Address: 2454 NW 95th Street

Miami, Florida 33147

Name and Title: _____

Address: _____

Name and Title: Claudia Blanchard, Secretary

Address: 2454 NW 95th Street

Miami, Florida 33147

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
1st DISTRICT
MIAMI, FLORIDA

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: _____ Rony Previl

Address: _____ 2454 NW 95th Street

_____ Miami, Florida 33147

ARTICLE VII INCORPORATOR

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

Name: _____ Marjorie D. Previl

Address: _____ 2454 NW 95th Street

_____ Miami, Florida 33147

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

Rony Previl

Required Signature of Registered Agent

09/11/22

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.

[Signature]

Required Signature of Incorporator

11 Sep 2022

Date

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STATE DEPT. OF STATE
TALLAHASSEE, FLORIDA