

N22000011348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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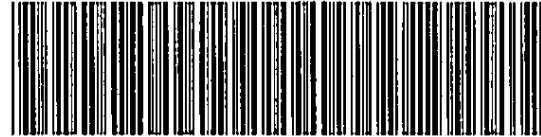
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be: Granting Hope, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address:  
231 NW 146 Street

Miami, FL 33168

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: organized exclusively for charitable, religious, and scientific purposes.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: \_\_\_\_\_  
by a two-thirds majority annually as stated in the by-laws.

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Hope Grant / President</u>	Name and Title:	<u>Imani Webb / Vice President</u>
Address	<u>231 NW 146 Street</u> <u>Miami, FL 33168</u>	Address:	<u>231 NW 146 Street</u> <u>Miami, FL 33168</u>
Name and Title:	<u>Hope Grant / Treasurer</u>	Name and Title:	<u>Maureen Campbell/Assistant Treasurer</u>
Address	<u>231 NW 146 Street</u> <u>Miami, FL 33168</u>	Address:	<u>11981 NW 146 Street</u> <u>Pembroke Pines, FL 33026</u>
Name and Title:	<u>Valerie Grant/Secretary</u>	Name and Title:	_____
Address	<u>9191 Mill Grove Drive</u> <u>Jacksonville, FL 32222</u>	Address:	_____

SECRETARY OF STATE  
TALLAHASSEE, FL

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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: Hope Grant \_\_\_\_\_

Address: 231 NW 146 Street \_\_\_\_\_

Miami, FL 33168 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Hope Grant \_\_\_\_\_

Address: 231 NW 146 Street \_\_\_\_\_

Miami, FL 33168 \_\_\_\_\_

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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*

Hope Grant  
Required Signature of Registered Agent

9/2/2022  
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.*

Hope Grant  
Required Signature of Incorporator

9/2/2022  
Date