

# N 23000022333 459

## Electronic Filing Cover Sheet

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To:

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

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

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

Email Address: \_\_\_\_\_

80 8:08  
19 11:03  
2007 10 13 11:03

### FLORIDA PROFIT/NON PROFIT CORPORATION

#### Strands of Hope Inc.

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Strands of Hope Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

7901 4th St N

STE 300

St. Petersburg, FL 33702

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Helping woman and children experiencing depression, abuse, or trauma and illness related hair loss go from surviving to thriving in community, with weekly and monthly support groups, therapies, counseling, affordable wigs and beauty services.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Stated within bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Hannah Reid, Director

Address: 7901 4th St N

STE 300

St. Petersburg, FL 33702

Name and Title: Beau Reid, Director

Address: 7901 4th St N

STE 300

St. Petersburg, FL 33702

Name and Title: Ed Khouri, Director

Address: 7901 4th St N

STE 300

St. Petersburg, FL 33702

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Northwest Registered Agent LLC  
 Address: 7901 4th St N STE 300  
 St. Petersburg, FL 33702

**ARTICLE VII INCORPORATOR**

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

Name: Nat Smith  
 Address: 7901 4th St N STE 300  
 St. Petersburg, FL 33702

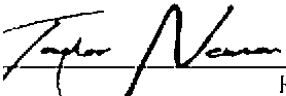
**ARTICLE VIII EFFECTIVE DATE:**

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.)

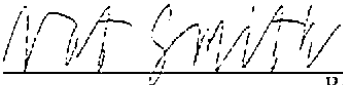
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

01/18/2023  
 \_\_\_\_\_  
 Date

*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

01/18/2023  
 \_\_\_\_\_  
 Date