

N 24000004680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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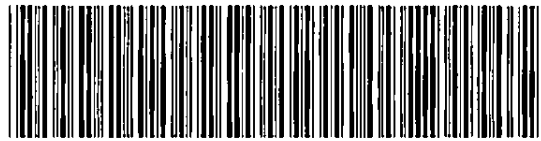
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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

**ARTICLE I NAME**

The name of the corporation shall be Hope 4 Nations Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
Jacob Peterson

Mailing address, if different is

4596 Laughlin Rd

Mount Dora, FL 32757

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is

A. This corporation is a religious corporation and is not organized for the private gain of any person. It is organized under the Non-profit Religious Corporation Law exclusively for religious purposes.

B. The specific purposes of this corporation is to support, sponsor, and organize religious and charitable activities in America and overseas. The corporation shall receive contributions, make donations, and dispense charitable contributions to aid and support organizations operated exclusively for religious and/or charitable purposes. Each of these organizations must qualify for exemption from Federal Income Tax under the Internal Revenue Code as now in effect or as subsequently amended.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed As stated in Bylaws.

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

Name and Title	<u>Jacob Peterson, President</u>	Name and Title	_____
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Address	<u>4596 Laughlin Rd</u>	Address	_____
	<u>Mount Dora, FL 32757</u>		_____

Name and Title	<u>Philip Ballard, Director</u>	Name and Title	_____
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Address	<u>4596 Laughlin Rd</u>	Address	_____
	<u>Mount Dora, FL 32757</u>		_____

Name and Title	<u>Stephen "Chip" Owen, Director</u>	Name and Title	_____
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Address	<u>22 Hanover Avenue</u>	Address	_____
	<u>Dallas, GA 30157</u>		_____

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 Cassandra Daniel

Address 4596 Laughlin Rd

Mount Dora, FL 32757

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is

Name Jacob Peterson

Address 4596 Laughlin Rd

Mount Dora, FL 32757

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing 03/27/2024 (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

03/27/2024

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

03/27/2024

Date