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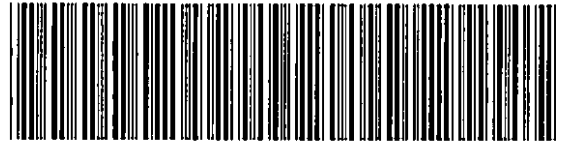
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T.S.W.
8/15/24

T.S.W.
8/17/24

COVER LETTER

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

SUBJECT: Elnathan, Haven of Hope and Deliverance, Incorporated

(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: Dr. Joanna Hutchinson-Olorunfemi

Name (Printed or typed)

12124 Ne 4th Avenue

Address

Gainesville Florids 32641

City, State & Zip

352-213-2147

Daytime Telephone number

elnathan377@gmail.com

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

FILED
JAN 10 2011
STATE

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: Elnathan, Haven of HOpe and Deliverance Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
12124 NE 4th Avenue

Gainesville, FL

32641

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide a faith-based method of bringing hope and deliverance to individuals struggling to break free from the bondages of mental instability & the problems of their mind, to stop the head voices, confusion & mental trauma. To promote mental health & freedom from addictions based on biblical teachings and other effective tools designed for all.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CEO Dr. Joanna Hutchinson-Olorunfemi

Address: 12124 NE 4th Ave
Gainesville FL 32641

Name and Title: Director Juanita L. Burch

Address: 4459 Oakmont Circle
Starke Florida 32091

Name and Title: Asst Director Adesoji B. Olorunfemi

Address: 12124 NE 4th Ave.
Gainesville, FL 32641

Name and Title: Treasurer Abduraffi S. Muhammad

Address: 2100NW 54th Terrace
Gainesville, FL 32606

Name and Title: Director #2 Ira D Stafford

Address: 824 Highway 466 #1202
Lady Lake FL
32153

Name and Title: Dir #3 Andrea Matthew.

Address: 824 Highway 466 #1202
Lady Lake FL
32153

FILED

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: Dr. Joanna Hutchinson-Olorunfemi

Address: 12124 NE 4th Ave
Gainesville FL, 32641

ARTICLE VII INCORPORATOR

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

Name: Dr. Joanna Hutchinson_Olorunfemi

Address: 12124 NE 4th Ave
Gainesville, FL 32641

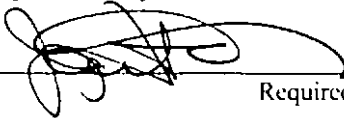
ARTICLE VIII EFFECTIVE DATE:

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

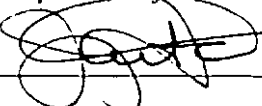


Required Signature of Registered Agent

06/16/2024

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 §.817.155, F.S.



Required Signature of Incorporator

06/16/2024

Date

FILED
JUN 17 2024
STATE OF FLORIDA