

N24000009179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

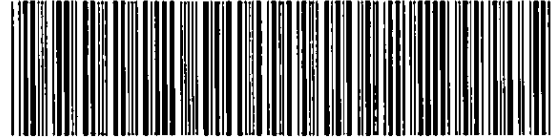
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2024 AUG 20 PM 9:47

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COVER LETTER

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

SUBJECT: Helping Other People Evolve 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

2024 AUG 20 11:19:47

FROM: Felicia Arnett-Williams
Name (Printed or typed)

112 West Palmer Ave
Address

Tallahassee, Florida 32301
City, State & Zip

(850) 901-3370
Daytime Telephone number

hope12024@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: Helping Other People Evolve Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

112 West Palmer Ave
Tallahassee, Fl. 32301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Seeking to restore, empower, educate
those affected by crime and incarceration to make
communities safer. Men and women that have been
affected by crime and incarceration.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Hope seeks
to have Officers and Directors in place

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Chief Executive Officer media/marketing

Name and Title: Felicia Arnett-Williams

Name and Title: _____

Address: 112 West Palmer Ave

Address: _____

Tallahassee, Fl. 32301

Terrell Williams

112 West Palmer Ave

Tallahassee, Fl. 32301

Name and Title: Vice-Chair Danny Williams

Name and Title: _____

Address: 112 West Palmer Ave

Address: _____

Tallahassee, Fl. 32301

Secretary

Name and Title: _____

Name and Title: _____

Address: Cassandra Smith

Address: _____

90 Ira Smith Drive

Quincy, Fl. 32351

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: Felicia Arnett Williams

Address: 112 West Palmer Ave
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Felicia Arnett Williams

Address: 112 West Palmer Ave
Tallahassee, FL 32301

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

Felicia Arnett Williams
Required Signature of Registered Agent

8/20/24
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.

Felicia Arnett Williams
Required Signature of Incorporator

8/20/24
Date