

NA24000012813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

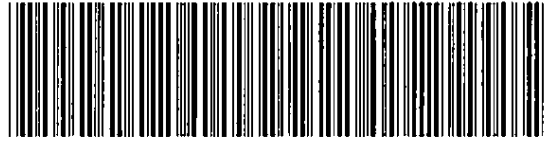
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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John
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2024 OCT -8 AM 3:30
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2024

GENE HODNETT
1713 PICHARD DRIVE
KISSIMMEE, FL 34759-4722

SUBJECT: UNITED WORLD COMMUNITY OUTREACH
Ref. Number: W24000135562

We have received your document for UNITED WORLD COMMUNITY OUTREACH. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace
Supervisor

Letter Number: 324A00022266

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RECEIVED
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: United World Community Outreach, Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1713 Pilchard Drive Kissimmee Fl 34759-4722

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: community outreach in assisting with affordable housing, growing foods,
and assisting veterans with food, clothing, shelter and their many needs. Empower & uplift underserved communities by providing
affordable housing, facilitating food acquisition & sustainable agriculture, & comprehensive support to veterans. Growing interest in
and volunteerism providing opportunities for increased support and awareness. Veterans support, provide by partnering with local
businesses establish veterans resource center offering counseling, job training, emergency financial aid. Implement urban gardening,
farming projects to promote sustainable food sources. Collaborate with local farms & food banks for regular food supplies and
distribution networks. Utilize social media, local media and community events to raise awareness for ptential donors & volunteers.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paula Hyde President Name and Title: _____

Address 5440 Chiswick Circle Address: _____
Belle Isle Fl 32812

Name and Title: Gene Hodnett Secretary Name and Title: _____

Address 1713 Pilchard Drive Address: _____
Kissimmee Fl 34759-4722

Name and Title: Jeremiah Hyde Treasurer Name and Title: _____

Address 1713 Pilchard Drive Address: _____
Kissimmee Fl 34759-4722

2024 OCT -8 AM 3:30
SECRETARY OF STATE
TALLAHASSEE, FL

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: Paula Hyde

Address: 5440 Chiswick Circle

Belle Isle Fl 32812

ARTICLE VII INCORPORATOR

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

Name: Gene Hodnett

Address: 1713 Pilchard Dr

Kissimmee Fl 34759-4722

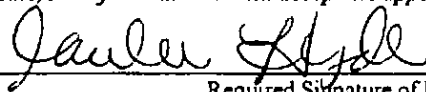
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 30, 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

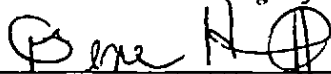


Required Signature of Registered Agent

9/18/2024

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

9/18/2024

Date

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