

N24000014756

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
HOMES OF HOPE INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2024 DEC 20 AM 10:55



December 20, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: HOMES OF HOPE INC
REF: W24000166733

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

NON-PROFIT MUST HAVE ATLEAST 3 DIRECTORS LISTED OR NONE AT ALL

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

Frantz Clerjuste
Regulatory Specialist II
New Filings Section

FAX Aud. #: H24000415744
Letter Number: 724A00027730

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

HOMES OF HOPE ORGANIZATION INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

581 Royal Palm Way, Davie, FL 33325

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The purpose is to help communities in need, specifically, homelessness and addiction-prevalent communities by donating our services.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

By minutes and by laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Claudia Lorena Brassay | President- D

Name and Title: Balazs Brassay | Vice President - D

Address: 581 Royal Palm Way,
Davie, FL 33325

Address: 581 Royal Palm Way,
Davie, FL 33325

Name and Title: Elizabeth Urrea | Director

Name and Title: _____

Address: 13741 Appalachian
Trail, Davie, FL 33325

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2024 DEC 20 AM 10:55

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: Claudia Lorena Brassay

Address: 581 Royal Palm Way,
Davie, FL 33325

ARTICLE VII INCORPORATOR

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

Name: Claudia Lorena Brassay

Address: 581 Royal Palm Way, Davie,
FL 33325

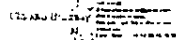
ARTICLE VIII EFFECTIVE DATE:

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

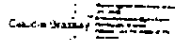

Claudia Lorena Brassay

Required Signature of Registered Agent

11/27/24

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.817.135, F.S.


Claudia Lorena Brassay

Required Signature of Incorporator

11/27/24

Date