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TRANSMITTAL LETTER

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

SUBJECT: HOPE - Hi-REHAB + ELDERLY FACILITY, INC.
(Proposed corporate name - must include suffix)

(A NON-PROFIT CORPORATION)

000002436570--2
-02/20/98--01087--001
****131.25 ****131.25

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

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Edward Lee Holt
Name (Printed or typed)

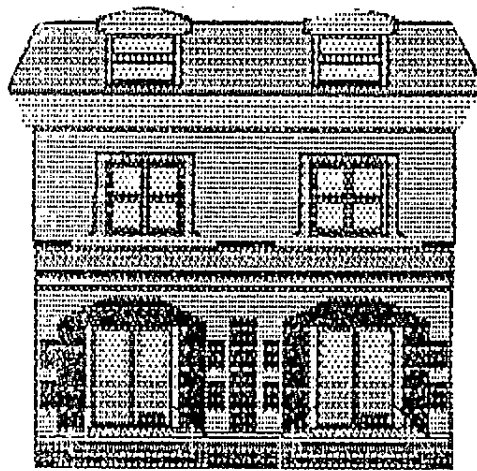
8025 BAYMEADOWS CIRCLE EAST #1702
Address

JACKSONVILLE, FLORIDA-32256
City, State & Zip

(904)-731-5556
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

98 FEB 20 PM 1:40
RECEIVED
DIVISION OF CORPORATIONS
98 FEB 20 PM 1:43
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2-20-98
W5



**ARTICLES OF INCORPORATION
HOPE - HI
REHAB. & ELDERLY FACILITY, INC.
(A NON-PROFIT CORPORATION)**

**ARTICLES OF INCORPORATION
HOPE - HI
REHAB & ELDERLY FACILITY, INC.
(A NON-PROFIT CORPORATION)**

The undersigned, acting as incorporation of a corporation pursuant to Chapter 617, Florida Statutes, adopts the following Articles of incorporation.

ARTICLE I

Name

The name of the corporation shall be:

**HOPE - HI
REHAB & ELDERLY FACILITY, INC.
(A Non-Profit Corporation)**

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ARTICLE II

Principal place of business and mailing address

The principal place of business and mailing address of the corporation shall be:
8025 Baymeadows Circle East #1702
Jacksonville, FL 32256

ARTICLE III

The specific purposes for which the corporation is organized are:

- (A) Specific purpose of the corporation generally will be fostering collaborations which positively changes and enhances the quality of life for elderly sick and shut-in, terminally ill and drug addicted adults residing in the Greater Jacksonville, Florida Metropolitan area.
- (B) Housing: Focus will be upon provision of permanent and temporary transitory housing for the elderly, sick and shut-in, terminally ill and drug addicted adults.
- (C) Food\Shelter: Implementation of a community based food service program with the primary purpose the provision of food services for both the inpatient and outpatient population of the Greater Jacksonville, Florida Metropolitan community.

ARTICLE IV

Directors

Initially will be appointed by the incorporators.

ARTICLE V

Life of the corporation shall be perpetual unless terminated by an act of law.

ARTICLE VI

Dissolution Clause

Life of the corporation will be perpetual unless dissolved by an operation of law. Dissolution of corporate assets if the corporation is dissolved will be the payment of all creditors with the remainder of assets to be donated to charitable causes. Appropriate papers will be filed to satisfy statutory requirement or the State of Florida Division of Corporate Regulation.

ARTICLE VII

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Status, unless are as follows.

Unless limited by the Board of Directors.

ARTICLE VIII

The initial registered agent and street address

The initial registered agent and street address are:

**Edward Lee Holt
8025 Baymeadows Circle East #1702
Jacksonville, Florida 32256**

ARTICLE IX

The name(s) and street address(es) of the incorporator(s) for these articles of incorporation is (are):

	<u>NAME</u>	<u>ADDRESS</u>
1.	Edward Lee Holt - Director	8025 Baymeadows Circle East #1702 Jacksonville, FL 32256
2.	Clemertine H. Holt - Director	8025 Baymeadows Circle East #1702 Jacksonville, FL 32256
3.	Taryn C. Clinton - Director	8025 Baymeadows Circle East #1702 Jacksonville, FL 32256
4.	Ted M. Holt	8025 Baymeadows Circle East #1702 Jacksonville, FL 32256
5.	Christopher A. Holt	958 VineRidge Run Road #107 Altamonte Springs, FL 32714
6.	Rafalar L. Hightower	2587 Spirea Street Jacksonville, FL 32209

The undersigned incorporation(s) has (have) executed these Articles this _____ day of _____ 19____.

Signature(s) of Incorporator(s):

1. Edward Lee Holt Edward Lee Holt
2. Clemertine H. Holt Clemertine H. Holt
3. Taryn C. Clinton Taryn C. Clinton
4. Ted M. Holt Ted M. Holt
5. Christopher A. Holt Christopher A. Holt
6. Rafalar L. Hightower Rafalar L. Hightower

DEALING WITH THE DEPARTMENT OF STATE:

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501,
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

- 1. The name of the corporation is:**

HOPE - HI REHAB & ELDERLY FACILITY, INC.
(Must include suffix)

- 2. The name and address of the registered agent and office is:**

Edward Lee Holt
(Name)
8025 Baymeadows Circle East #1702
(P.O. Box or Mail Drop Box Not Acceptable)
Jacksonville, FL 32256
(City/State/Zip)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Having been named as register agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Edward Lee Holt
(SIGNATURE)

2-20-98
(DATE)