

P05000014838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

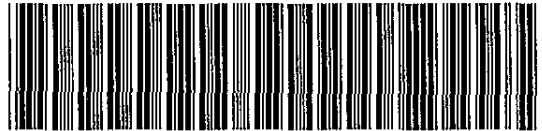
(Business Entity Name)

(Document Number)

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01/28/05--01056--024 **78.75

RECEIVED
05 JAN 28 PM 1:28
STATE
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
05 JAN 28 PM 1:51
SECRETARY OF STATE
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

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

SUBJECT: HOPE'S HANDS INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: RAEGAN H. SIMPSON
Name (Printed or typed)

416 BELMONT RD APT #4
Address

TALLAHASSEE FL 32301
City, State & Zip

850-878-0911
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 28 PM 1:51

ARTICLE I NAME

The name of the corporation shall be:

HOPE'S HANDS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

416 Belmont Rd #4
Tallahassee, Fl. 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business pursuits

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Raeagan H. Simpson - president
416 Belmont Rd #4
Tallahassee, Fl. 32301

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Raeagan H. Simpson
416 Belmont Rd #4
Tallahassee, Fl. 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Raeagan H. Simpson
416 Belmont Rd #4
Tallahassee, Fl. 32301

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

Raeagan H. Simpson

Signature/Registered Agent

1/28/05

Date

Raeagan H. Simpson

Signature/Incorporator

1/28/05

Date