P10000014710

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, , , , , , , , , , , , , , , , , , ,				
(Document Number)				
,				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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02/17/10--01009--011 **78.75

TILED

10 FEB 17 PH 2: 2

SECRETARY OF STATE
PH 17 PH 2: 2

2-18-10



COVER LETTER

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

SUBJECT.	(PROPOSED CORPOR	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED
FROM:		e (Printed or typed)	
•	0	Address 34401	
	352-5721	FL 34491 , State & Zip 1889 Telephone number	
	50044 Q. Fally91	ed for future annual report i	notification)

POLLY 4 HOSE TOC

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)	
ARTICLE I NAME	
The name of the corporation shall be:	
Prally 4 Hope, Inc	
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 1900 0 5 150 51000, Surveyor	ficld FC 34491
ARTICLE III PURPOSE	74 5
The purpose for which the corporation is organized is:	
Professional Conference: en	E TENED
ARTICLE IV SHARES	
The number of shares of stock is:	
100%	<u> </u>
	22
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR List name(s), address(es) and specific title(s):	
Scott Kalb 19600E 150th Street	Summerfield FC 34491
SCOTT KOTP LAROSE 120, MICEL	, 0-1 may 012
(Residen)	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of	•
Scott Kalb 1960 SE 150th Street	· Summer field FL 34491
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Scott Kalb 19605E 150th Street, Summerfield F	: - આપ લ 1
*************	*********
Having been named as registered agent to accept service of proce	
place designated in this certificate, I am familiar with and accepagree to act in this capacity	t the appointment as registered agent and
agree to act trying capacity	
The state of the s	0-10-10
Signature/Registered Agent	Date
	2-10-10
Signature/Incorporator	Date