

P110000064379

(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:

Office Use Only



300209849663

07/14/11--01004--003 **70.00

FILED
2011 JUL 14 PM 2:30
SECRETARY OF STATE
BILLY M. BERRY, JR. AP01

SC
7-19-11

COVER LETTER

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

SUBJECT: Blessed Hope, 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: Kathy Holland

Name (Printed or typed)

P.O.Box 144

Address

New Smyrna Beach, Fl. 32170

City, State & Zip

386-299-3852

Daytime Telephone number

blessedhope@cfl.rr.com

E-mail address: (to be used for future annual report notification)

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

2011 JUL 14 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FL 32314

FILED

ARTICLES OF INCORPORATION

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

ARTICLE I NAME Blessed Hope, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2706 Sparta Dr.
New Smyrna Beach, FL 32168

Mailing address, if different is:
P.O. BOX 144
New Smyrna Beach, FL 32170

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kathy Holland vice president
Address: PO Box 144
New Smyrna Beach, FL 32170

Name and Title: _____
Address: _____

Name and Title: Truman Holland president
Address: PO BOX 144
New Smyrna Beach, FL 32170

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Kathy Holland
Address: 2706 Sparta Dr
New Smyrna Beach, FL 32168

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kathy Holland
Address: 2706 Sparta Dr
New Smyrna Beach, FL 32168

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

Kathy Holland

Required Signature/Registered Agent

7-12-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Kathy Holland

Required Signature/Incorporator

7-12-11

Date

FILED
2011 JUL 14 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA