

P 12000032842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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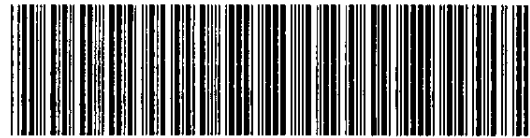
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: S & T Houses of 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: Sandra Anglin

Name (Printed or typed)

1009 E. Howry Ave.

Address

Deland, FL. 32724

City, State & Zip

386-956-7663

Daytime Telephone number

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

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

S & T Houses of Hope, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1009 E. Howry Ave.
Deland, FL 32724

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide houses for people in need. Start date 03/23/12

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sherry Nailor President
Address: 116 Brushwood Lane
Palm Coast, FL 32137

Name and Title: _____
Address: _____

Name and Title: Timothy Lee Ailes Vice-President
Address: 3 Whitewood Place
Palm Coast, FL 32164

Name and Title: _____
Address: _____

Name and Title: Sandra Anglin Secretary
Address: 1009 E. Howry Ave.
Deland, FL 32724

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

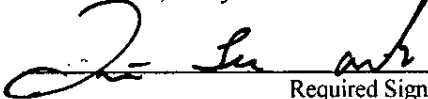
Name: Timothy Lee Ailes
Address: 3 Whitewood Place
Palm Coast, FL 32164

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sandra Anglin
Address: 1009 E. Howry Ave.
Deland, FL 32724

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



Required Signature/Registered Agent

3/30/12
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.



Required Signature/Incorporator

3-9-12
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 30 AM 9:28