

P140000014161

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(Business Entity Name)

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RETURNED CHECK

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB 10 PM 12:28

## COVER LETTER

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

**SUBJECT:** Hopeful Mommy, 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:** Iris Rouco

Name (Printed or typed)

18328 NW 68 Avenue Unit O

Address

Miami, Florida 33015

City, State & Zip

786.663.2271

Daytime Telephone number

irisrouco@hotmail.com

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)

**FILING CANCELLED  
RETURNED CHECK**

**ARTICLE I    NAME**

The name of the corporation shall be: Hopeful Mommy, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

18328 NW 68 Avenue Unit O

Miami, Florida 33015

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Educate Students with Disabilities

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Iris Rouco , President

Name and Title: \_\_\_\_\_

Address 18328 NW 68 Avenue

Address: \_\_\_\_\_

Unit O

Miami, Florida 33015

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB 10 PM 12:28

FILING CANCELLED (cmt.)  
RETURNED CHECK

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Iris Rouco

Address: 18328 NW 68 Avenue

Unit O Miami, FI 33015

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

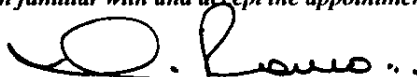
Name: Iris Rouco

Address: 18328 NW 68 Avenue

Unit O Miami, FI 33015

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DIVISION OF CORPORATIONS  
14 FEB 10 PM 12:28

*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

2/7/2014  
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

2/7/2014  
Date