

P14 600069853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

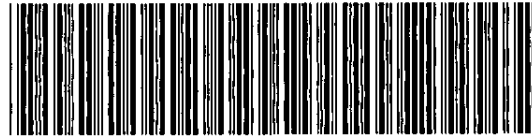
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2014 AUG 21 AM 10:41  
19 AUTHORITY  
SUFFICIENCY OF FILING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 AUG 21 AM 10:53

8/25/14

## COVER LETTER

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

SUBJECT: HOPE Market 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: LEVIS BAKUNDI MANA  
Name (Printed or typed)

7147 Old Kings Rd. S. #1  
Address

JACKSONVILLE, FLORIDA 32217  
City, State & Zip

904-520-9335  
Daytime Telephone number

bakunlevis@yahoo.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)

**ARTICLE I NAME**

The name of the corporation shall be: HOPE MARKET INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

LEVIS BAKUNDIMANA  
3225 Southside BLVD. #1  
JAX, FL 32216

7147 Old Kings Rd. #1  
JAX, FL 32217

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: for Convenient store,  
Selling different articles like food, etc...

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**ARTICLE IV SHARES**

The number of shares of stock is: 2

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

Name and Title: (P) LEVIS Bakundimana Name and Title: \_\_\_\_\_

Address: 7147 Old Kings Rd. S. #1 Address: \_\_\_\_\_  
JAX, FL 32217

Name and Title: (VP) Pascal ANTACOBITA Name and Title: \_\_\_\_\_

Address: 500 ACME Street # Address: \_\_\_\_\_  
506, JAX, FL 32211

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

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

(conti.)

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: LEVIS Bakundimana

Address: 7147 Old Kings Rd. S. #1  
JAX, FL 32217

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LEVIS Bakundimana

Address: 7147 Old Kings Rd. S. #1  
JAX, FL 32217

*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

08/21/2014  
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

08/21/2014  
Date