P16000085066

(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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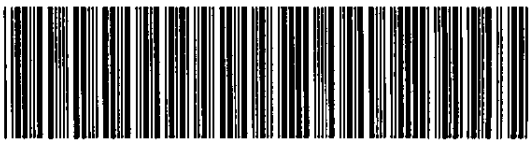

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M. MOON

OCT 18 2016

COVER LETTER

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

SUBJECT: Faith Hope Service, 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: Sybil D. Rowe
Name (Printed or typed)

4140 Stratford Way
Address

Jacksonville, FL 32225
City, State & Zip

904-536-7003
Daytime Telephone number

faithhopeservices1@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
16 OCT 18 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Faith Hope Services, Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
4140 Stratford Way	
Jacksonville, FL 32225	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To protect my interest

ARTICLE IV SHARES
The number of shares of stock is: 100

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sybil D. Rowe. President
Address: 4140 Stratford Way, Jacksonville, FL 32225

Name and Title: William J. Rowe, Jr., Vice President
Address: 4140 Stratford Way, Jacksonville, FL 32225

Name and Title: Faith N. Rowe, Secretary
Address: 4140 Stratford Way, Jacksonville, FL 32225

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: Sybil Rowe

Address: 4140 Stratford Way

Jacksonville, FL 32225

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Sybil D. Rowe

Address: 4140 Stratford Way

Jacksonville, FL 32225

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/12/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Sybil D. Rowe 10/12/16

Required Signature/Registered Agent 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.

Sybil D. Rowe 10/12/16

Required Signature/Incorporator Date