

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Please print this page and use as a cover sheet. Type the
(w) on the top and bottom of all pages of the document.

FL
12-4-24

(((H24000392550 3)))



H240003925503ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
HOPE ABA CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2024 DEC -3 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLSTATE
SECRETARY
TALLAHASSEE, FL

2024 DEC -3 AM 1:44

RECEIVED

~~2ND~~ REQUEST

Electronic Filing Menu

Corporate Filing Menu

Help

3RD

Please File!

P

FC

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Hope ABA corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7325 Carlyle Avenue apto 10
33141 Miami Beach FL**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Tahiche Isumi Pena Castro - P

STATE
FL

2024 DEC -3 AM 1:44

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Tahiche Isumi Pena Castro
7325 Carlyle Avenue apto 10
33141 Miami Beach FL**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Tahiche Isumi Pena Castro
7325 Carlyle Avenue apto 10
33141 Miami Beach FL

EIN: 33-2091097

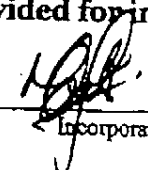
Required Signatures:

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



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.



Incorporator_____
DateSTATE
DEPT.
FL

2013 DEC -3 AM 1:44

ED