

N 2300000459

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To:

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

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****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**Strands of Hope Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Strands of Hope Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7901 4th St N

STE 300

St. Petersburg, FL 33702

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Helping woman and children experiencing depression, abuse, or trauma
and illness related hair loss go from surviving to thriving in community, with weekly and monthly support groups, therapies,
counseling, affordable wigs and beauty services.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Stated within bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hannah Reid, Director

Address: 7901 4th St N

STE 300

St. Petersburg, FL 33702

Name and Title: Beau Reid, Director

Address: 7901 4th St N

STE 300

St. Petersburg, FL 33702

Name and Title: Ed Khouri, Director

Address: 7901 4th St N

STE 300

St. Petersburg, FL 33702

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: Northwest Registered Agent LLC
Address: 7901 4th St N STE 300
St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

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

Name: Nat Smith
Address: 7901 4th St N STE 300
St. Petersburg, FL 33702

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

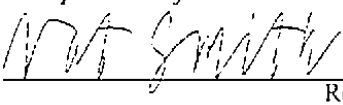
If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

	01/18/2023
Required Signature of Registered Agent	Date

submit this document and affirm that the facts stated herein are true. I am aware that any 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.

	01/18/2023
Required Signature of Incorporator	Date