

N 10000005397

(Requestor's Name)

(Address)

(Address)

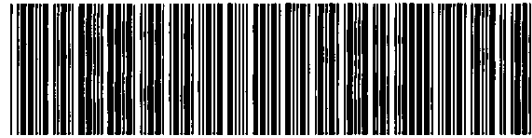
(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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



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06/03/10--01015--007 \*\*87.50

Special Instructions to Filing Officer:

Mary Lou Valles **GAVE**  
AUTHORIZATION BY PHONE TO  
CORRECT: Add Director to Article V.  
DATE 6/4/10  
DOC. # 1000 mrs

MRD  
6/4

FILED  
10 JUN -3 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Office Use Only

**COVER LETTER**

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

SUBJECT: Heavenly Hands For Charities, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: Mary Lou Valles  
Name (Printed or typed)

2914 Stallion Ct.  
Address

Orlando, FL 32822  
City, State & Zip

407-275-0513  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

FILED

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

10 JUN -3 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: Heavenly Hands For Charities, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

2914 Stallion Ct.  
Orlando, FL 32822

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Corporation is organized exclusively for charitable Religious and Educational purposes, including, for such purpose the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

The Corporation shall designate a Board of Directors who shall initially be appointed by a majority of the incorporators to serve for a term of one (1) year.

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

List name(s), address(es) and specific title(s):

Mary Lou Valles, 2914 Stallion Ct., Orlando, FL 32822, Executive Director  
Debbie Norman, 610 Orange Dr. #186, Altamonte Springs, FL 32701, President  
Denise Papageorgiou, 979 Feather Dr., Deltona, FL 32714, Director Director

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Mary Lou Valles 2914 Stallion Ct Orlando, FL 32822

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Mary Lou Valles  
2914 Stallion Ct.  
Orlando, FL 32822

\*\*\*\*\*  
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.

Mary Lou Valles  
Signature/Registered Agent

May 30, 2010  
Date

Mary Lou Valles  
Signature/Incorporator

May 30, 2010  
Date