

N1800000 3879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

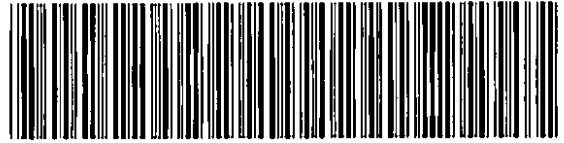
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400311168214

400311168214
04/09/18--01001--005 **70.00

FILED
18 APR -6 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2018 APR -6 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Helping Hands, Healing Hearts, 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: Timmy Wimes
Name (Printed or typed)

1223 Cleveland Street Apt 1
Address

Tallahassee, FL 32310
City, State & Zip

(850) 980-2584
Daytime Telephone number

lifeimpactnews@gmail.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Helping Hands, Healing Hearts, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1223 Cleveland St Apt 1

Tallahassee FL 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: OUR purpose and beliefs is that everyone deserves a decent life. Our goal is to solve issues of homelessness, hunger, health care, job placement, and helping to alleviate poverty.

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

As stated in B.-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Timmy Wines (P)

Name and Title: _____

Address

1223 Cleveland St

Address: _____

Apt-1

Tallahassee, FL 32310

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

FILED
2018 APR -6 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Timmy Wines

Address: 1223 Cleveland St. Apt. 1

Tallahassee, FL 32300

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Timmy Wines

Address: 1223 Cleveland St.

Tallahassee, FL

FILED
2018 APR -6 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Timmy Wines
Required Signature of Registered Agent

3/6/18
Date

I 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.

Timmy Wines
Required Signature of Incorporator

3/6/18
Date