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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

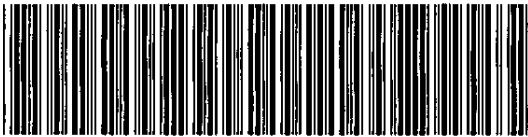
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** C.B. Helping Hands Ministries Corporation  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Pastor Shelia Inusah  
Name of Person

C.B. Helping Hands Ministries  
Firm/Company

769 East Roosevelt Ave P.O. Box 7115  
Address

Grants, NM 87020  
City/State and Zip Code

social@hhvadc.info  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pastor Shelia Inusah at ( 865 ) 235-9617  
Name of Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. C. B. Helping Hands Ministries Corporation  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)  
C.B. Helping Hands Ministries Florida  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New Mexico 3. 45-4424911  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 9, 2011 5. N/A  
(Date of Incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 1726-1728 North Main Street Jacksonville Florida 32206  
(Principal office address)  
P.O. Box 7115 Grants NM 87020  
(Current mailing address, if different)
8. Ministry, Outreach, Revival, education, christian school, medical billing & Staffing  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)  
Name: Shelia Trusah  
Office Address: 1728 North Main Street  
JACKSONVILLE, Florida 32206  
(City) (Zip Code)
10. **Registered agent's acceptance:**  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*  
Shelia Trusah  
(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: Pastor Shelia Inusah

Address: 1731 Encino Ave.  
Grants, NM 87020

Vice Chairman: Mohammed Inusah

Address: 1731 Encino Ave  
Grants, NM 87020

Director: Christopher Benjamin

Address: 115 Foxwood Cir  
Oliver Springs TN 37840

Director: Stephanie Anderson

Address: 706 Houston Ave  
Grants NM 87020

**B. OFFICERS**

President: Pastor Shelia Inusah

Address: 1731 Encino Ave  
Grants, NM 87020

Vice President: Christopher Benjamin

Address: 115 Foxwood Cir  
Oliver Springs, TN 37840

Secretary: Lynette Stevens Gracia

Address: 12761 Ashington Apt B Grants, NM 87020

Treasurer: Wilma Kirtu

Address: 1217 Marquez Ave Grants, NM 87020

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Pastor Shelia Inusah  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Pastor Shelia Inusah President/Founder  
(Typed or printed name and capacity of person signing application)

# OFFICE OF THE SECRETARY OF STATE NEW MEXICO

## *Certificate of Good Standing and Compliance*

IT IS HEREBY CERTIFIED THAT:

**C.B. HELPING HANDS MINISTRIES**

**4546482**

A corporation organized under the laws of New Mexico is duly authorized to transact business in New Mexico, as a Domestic Non Profit Corporation, under the

**Nonprofit Corporation Act - (53-8-1 To 53-8-99 NMSA 1978)**

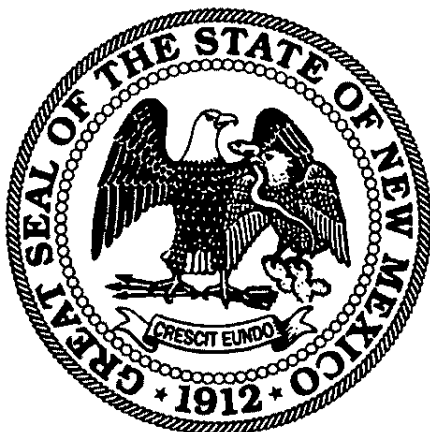
having filed its Articles of Incorporation on December 9, 2011 and Certificate Of Incorporation issued as of said date.

It is further certified that the fees due the Office of the Secretary of State which have been assessed against the above named entity, have been paid to date and is in corporate good standing and duly authorized to transact business as its corporate existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entities financial condition or business activities and practices.

This good standing status expires on May 15, 2017

Certificate issued on **November 4, 2015**

**In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the city of Santa Fe, and the seal of said office to be affixed hereto.**



A handwritten signature in cursive script, reading "Dianna J. Duran".

**Dianna J. Duran**  
**Secretary of State**