

F15000005221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

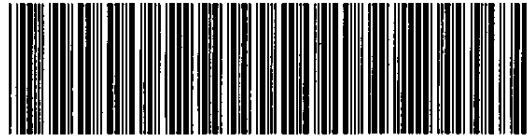
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/09/15--01038--023 **78.75

FILED
15 NOV 24 PM 1:29
TALLAHASSEE, FLORIDA

NOV 25 2015
Y SULKER

~~WIS-74501~~

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Home by Hand, Inc.

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:

Oji Alexander

Name of Person

Home by Hand, Inc.

Firm/Company

1401 Pressburg St.

Address

New Orleans, LA 70122

City/State and Zip Code

oji@homebyhand.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oji Alexander

504

529-3522

Name of Person

at (_____) _____
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 NOV 24 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 12, 2015

OJI ALEXANDER
1401 PRESSBURG ST
NEW ORLEANS, LA 70122 US

SUBJECT: HOME BY HAND, INC.
Ref. Number: W15000074501

We have received your document for HOME BY HAND, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 315A00023931

**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:**

Home by Hand, Inc.

1. _____
(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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. _____ 3. _____
Louisiana 47-3700373
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. _____ 5. _____
April 2, 2015
(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.)
1324 Riviera Ave. New Orleans, LA 70122

7. _____
(Principal office address)

(Current mailing address, if different)

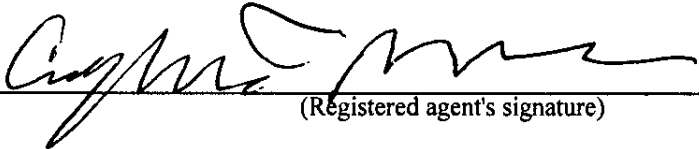
8. _____
Development of Affordable Housing
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: _____
Creighton Brown
Office Address: _____
246 7th St.
Apalachicola _____ 32320
_____, Florida _____
(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.



(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.

FILED
15 NOV 24 PM 1:29
STATE OF FLORIDA
TALLAHASSEE

12. Names and addresses of officers and/or directors

A. DIRECTORS

Aimee Chambers

Chairman:

2327 Conti St.

Address:

New Orleans, LA 70119

Andy Fritzshall

Vice Chairman:

442 Soraparu St.

Address:

New Orleans, LA 70130

Oji Alexander

Director:

1401 Pressburg St.

Address:

New Orleans, LA 70122

Kenisha Ross

Director:

3100 Tulane Ave.

Address:

New Orleans, LA 70119

B. OFFICERS

President:

Address:

Vice President:

Address:

Erica Toriello

Secretary:

4964 Miles Dr. New Orleans, LA 70122

Address:

Treasurer:

Address:

15 NOV 24 PM 1:29
FALLEN LEAF OF STATE
TALLAHASSEE, FLORIDA

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

13.

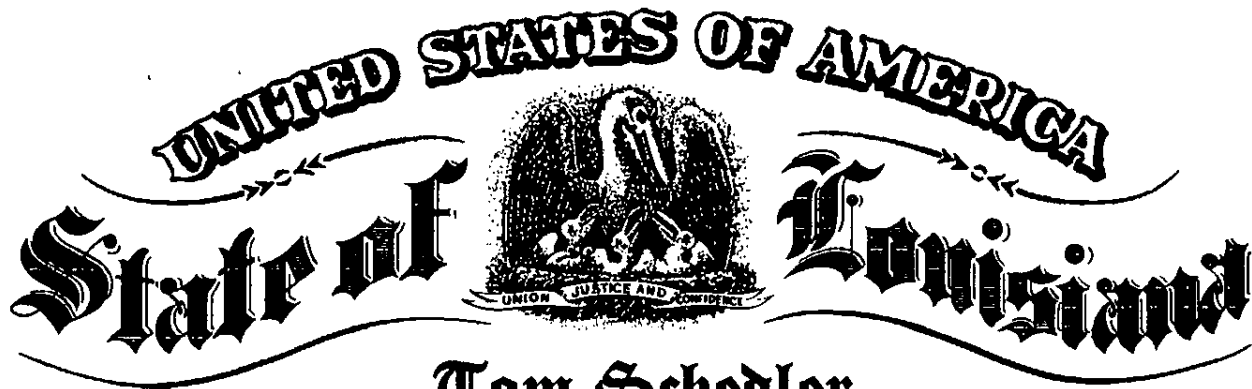
Erica Toriello

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Erica Toriello, Board Secretary

14.

(Typed or printed name and capacity of person signing application)



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

HOME BY HAND, INC.

A corporation domiciled in NEW ORLEANS, LOUISIANA,

Filed charter and qualified to do business in this State on April 08, 2015,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State as a Non-Profit Corporation.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 9, 2015

Secretary of State

Web 41847652N



Certificate ID: 10653209#YYN83

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov