

TRANSMITTAL LETTER

N02000000 4546

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

600005693326--4
-06/06/02--01006--005
*****87.50 *****87.50

SUBJECT: TRINITARIAN HANDMAIDS OF THE DINE WORD
(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: SR. MA. PATRICIA TAPALES, THDW

Name (Printed or typed)

905 W. Madison Street

Address

Starke, FL 32091

City, State & Zip

(904) 964 - 4546

Daytime Telephone number

FILED
02 JUN 13 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

6002-116394

6/14/02



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 6, 2002

SR. MA. PATRICIA TAPALES, THDW
905 W. MADISON ST
STARK, FL 32091

SUBJECT: TRINITARIAN HANDMAIDS OF THE DIVINE WORD
Ref. Number: W02000016394

We have received your document for TRINITARIAN HANDMAIDS OF THE DIVINE WORD and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the original and one copy of your document, along with 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) 245-6930.

Donna Graves
Document Specialist
New Filing Section

Letter Number: 302A00037216

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

ARTICLE I NAME

The name of the corporation shall be:

TRINITARIAN HANDMAIDS OF THE DIVINE WORD, INC.

ARTICLE II PRINCIPAL OFFICE

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

***905 W. Madison Street
Starke, FL 32091***

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

***To spread the Good News of the Holy Trinity
and to help uplift the condition of the poor.***

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed by the Founder

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and titles:

***President: SR. MA. PATRICIA TAPALES, THDW
Vice-Pres.: SR. MA. GRACELA OMAMALIN, THDW
Secretary: }
Treasurer: } SR. MA. JOVELYN ADCAN, THDW***

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

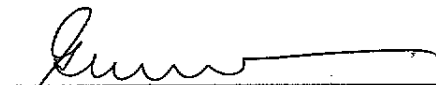
***GLORIOSA R. ANTIPORDA, M.D.
905 W. Madison Street
Starke, FL 32091***

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

***Sr. Ma. Patricia Tapales, THDW
SR. MA. PATRICIA TAPALES, THDW
905 W. Madison Street
Starke, FL 32091***

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.



Signature/Registered Agent

GLORIOSA R. ANTIPORDA, M.D.

6-03-02

Date

FILED
02 JUN 13 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA