

NO2 000004791

FILED

TRANSMITTAL LETTER

02 JUN 24 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

500005727805--8  
-06/10/02--01027--005  
\*\*\*\*\*78.50 \*\*\*\*\*78.50

SUBJECT: Healing Hands Ministries, 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: Miladys Penalver  
Name (Printed or typed)

15450 SW 74 Circle CT. #1203  
Address

Miami FL 33193  
City, State & Zip

(305) 310-3605  
Daytime Telephone number

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

NO2 F7102

3



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 12, 2002

MILADYS PENALVER  
15450 SW 74 CIRCLE CT #1203  
MIAMI, FL 33193

SUBJECT: HEALING HANDS MINISTRIES, INC.  
Ref. Number: W02000017102

We have received your document for HEALING HANDS MINISTRIES, INC. and your check(s) totaling \$78.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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) 245-6933.

Dale White  
Document Specialist  
New Filings Section

Letter Number: 902A00038508

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

Touch of Healing Ministries, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

15450 SW 74 Circle CT. #1203  
Miami, FL 33193

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Not for profit faith based organization s will operate under this corporation.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Elected will be Elected by educational, professional, and spiritual background. They by board committee members.

**ARTICLE V INITIAL DIRECTORS/OFFICERS**

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

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

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

Miladys Penalver  
15450 SW 74 Circle Ct. #1203  
Miami FL 33193

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Miladys Penalver  
15450 SW 74 Circle CT. #1203  
Miami FL 33193

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\*\*\*\*\*  
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.

Miladys Penalver  
Signature/Registered Agent

6-5-02  
Date

Miladys Penalver  
Signature/Incorporator

6-5-02  
Date