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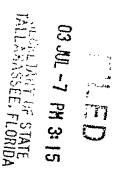
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## TRANSMITTAL LETTER

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

SUBJECT: Hands of Hope, Inc.					
	(PROPOSED CORPORATE				
S70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate  PY REQUIRED		
FROM: Raphael Edy Gehy Name (Printed or typed)  715 NE 143rd Street Address					
North Miami, Florida 33161  City, State & Zip					

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

Daytime Telephone number



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 8, 2003

RAPHAEL EDY GEHY 715 NE 143RD STREET NORTH MIAMI, FL 33161

SUBJECT: HANDS OF HOPE, INC. Ref. Number: W03000013191

We have received your document for HANDS OF HOPE, INC. and your check(s) totaling \$78.75. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the corporation is being organized.

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) 245-6962.

Valerie Ingram Document Specialist New Filings Section

Letter Number: 703A00028579

### ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

Open Hands of Hope, Inc.

# FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 715 NE 143 Street North Miami, FL 33161

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Charitable Non profit to give spiritual, and social guidance to the community by Charitable Non profit to give spiritual, and social guidence helping the illiterate to read, and write. \_ Joś Tkaining \_\_
After school programs: tutoring, arts, hygiene, ethics, promotion of sexual abstruct.

Prevention of Hiss.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The manner of election of directors shall be as outlined in the Bylaws.

### ARTICLE V INITIAL DIRECTORS/OFFICERS

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

Raphael Edy Gehy, Director, 715 NE 143rd Street North Miami, Florida 33161 Elsie Gehy, Director, 715 NE 143 Street North Miami, Florida 33161 Joubert Berrouet, Director, 15050 NE 11 court, Miami, Florida 33161

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Raphael Edy Gehy 715 NE 143rd Street North Miami, Florida 33161

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the incorporator is:

Raphael Edy Gehy 715 NE 143rd Street North Miami, Florida 33161

Having been named as registered agent to accept service of pro	cess for the above stated corporation at the place designated
in this certificate, I am familiar with and accept the appointmen	nt as registered agent and agree to act in this capacity,
in this certificate, I am faithliar with and accept the appointment	7-1-03
Signature/Registered Ageny	Date