

N 040000003095

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

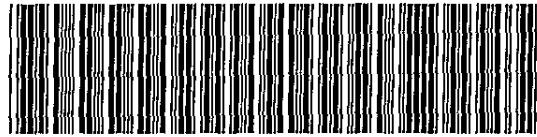
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/20/04--01008--009 **78.75

FILED
04 MAR 26 AM 8 43
RECEIVED
FEB 20 2004

W04-7760

TRANSMITTAL LETTER

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

SUBJECT: Touch By An Angel, 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: Lillie Genine Wiggins
Name (Printed or typed)

2181 West Halifax Dr
Address

Port Orange, FL 32128
City, State & Zip

386-255-2461
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 24, 2004

LILLIE GENINE WIGGINS
2181 WEST HALIFAX DR
PORT ORANGE, FL 32128

SUBJECT: TOUCH BY AN ANGEL, INC.
Ref. Number: W04000007760

We have received your document for TOUCH BY AN ANGEL, 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.

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) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 004A00012443

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Touched By Heavenly Angels, Inc.
~~Touch By An Angel, Inc.~~

ARTICLE II PRINCIPAL OFFICE

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

*2181 West Halifax Dr
Port Orange, FL 32128*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which the Corporation is organized is to provide services in two different settings: 1) Homebased Service - Light cooking, cleaning, washing, ironing, companionship, and caregiver getaway (Respite). 2) Provide Housing for the very low income senior boys & age and older. In an Assisted Living environment.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

By experience in related field of Corporation & services being offered to the senior population

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

- 1) Lillie G. Wiggins 2181 West Halifax Dr. Port Orange, FL 32128 Exec. Director*
- 2) Pastor Kennedy Jacobs 511 Fremont Ave. Daytona Beach, FL Director of Counsel*
- 3) Elder Patrice Mitchell 415 N. Halifax Ave Daytona Beach, FL Apt 29 Director*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*Lillie Grenine Wiggins
2181 West Halifax Dr
Port Orange, FL 32128*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Lillie Grenine Wiggins
2181 West Halifax Dr
Port Orange, FL 32128*

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.

Lillie H Wiggins

Signature/Registered Agent

2-16-04
Date

Lillie H Wiggins

Signature/Incorporator

2-16-04
Date

FILED
04 MAR 26 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FL 32399