# N04000007091

, (Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					





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SECRETARY OF STALL ANASSEE STALL

# TRANSMITTAL LETTER

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

SUBJECT: His Hand	ds Ministries, Inc.			
	(PROPOSED CORPORATI	E NAME – <u>MUST INCLU</u>	DE SUFFIX)	
Enclosed is an original a	nd one(1) copy of the article	es of incorporation and a	check for :	1
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Marc F. Bizzell	nted or typed)	<del>-</del> ,	
	1209 Tiffany Drive		<del>-</del> <del></del>	2 - 1 ×2 +
	Pensacola, Florida 32514 City, State & Zip		<del>-</del>	<u></u>
	850-484-8737  Daytime Telephone number		<del>-</del>	• .

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



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

July 8, 2004

MARC F. BIZZELL 1209 TIFFANY DR PENSACOLA, FL 32514

SUBJECT: HIS HANDS MINISTRIES

Ref. Number: W04000026136

We have received your document for HIS HANDS MINISTRIES and your check(s) totaling \$70.00. 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 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 complete article VII.,

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) 245-6925.

Cynthia Blalock Document Specialist New Filings Section

Letter Number: 604A00043875

### ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the corporation shall be:

His Hands Outreach, Inc.

SECRETARY OF STAIL TALL AHASSEF. FT ORID!

APPROVLE

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1209 Tiffany Drive
Pensacola, FL 32514

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide a place for pastors and ministers of the area to refer people who come to them homeless, or about to be so. This ministry will provide shelter, and if needed, employment, and assist those people in reestablishing themselves and their families into society as productive, Christian citizens.

#### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Each must be selected by the existing board of directors, with final approval authority by the initial directors, or by officials designated by the initial directors.

# ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Marc F. Bizzell Ministry Director Lori M. Bizzell Assistant Ministry Director 1209 Tiffany Drive Pensacola, FL 32514

# ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Marc F. Bizzell 1209 Tiffany Drive Pensacola, FL 32514

# ARTICLE VII INCORPORATOR

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

Same as initial registered agent.

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 | Date |

Signature/Incorporator

Date