

N04000007698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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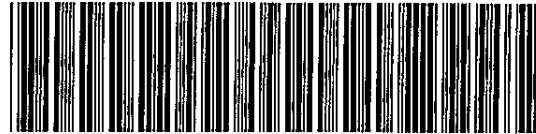
(Business Entity Name)

(Document Number)

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07/19/04--01012--015 **78.75

1004-27785

TRANSMITTAL LETTER

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

SUBJECT: HEALING HANDS MINISTRIES INC. 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: IVORY WILSON
Name (Printed or typed)

3517 NW 2nd Street
Address

Fort Lauderdale, FL 33311
City, State & Zip

954 316-4679
(54) 316-4679
Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

HEALING HANDS MINISTRIES INC.

ARTICLE II PRINCIPAL OFFICE

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

13661 Yarmouth Court
Wellington, Fl 33414-7731

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

To start aministry as a non for profit organization.

Directors will be apointed by the president

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed:

Bishop Dr. Ivory Wilson
3471 West Broward Blvd.
Fort Lauderdale Florida 33312

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Dr. Gloria N. Dennard, PhD
13661 Yarmoth Ct.
Wellington, Florida 33414- 7731

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Dr. GLORIA N. DENNARD.
13661 YARMOUTH CT, WELLINGTON, FL. 33414-7731

Gloria N. Dennard, PhD.
Signature/Incorporator

7-2-04
Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.