

NO9000002652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

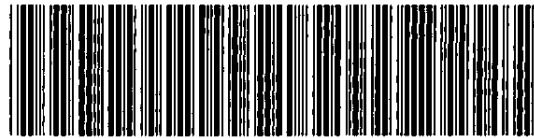
(Document Number)

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2009 MAR 16 PM 4:42

CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. Burch MAR 16 2009

## COVER LETTER

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

**SUBJECT:** NEEDED HANDS, 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:** DALMEY EDWARDS

Name (Printed or typed)

4503 SEYBOLD AVE

Address

ORLANDO, FL 32808

City, State & Zip

(407)474-9804

Daytime Telephone number

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

02/17/2009

Fr: Needed Hands, Inc  
4503 Seybold Ave  
Orlando, FL 32808  
(407)474-9804

To: Department of State  
Articles of Dissolution &  
Articles of Incorporation for Non- Profit

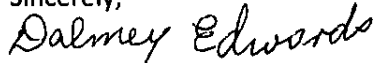
To whom it may concern:

Please accept the Articles of Dissolution for P08000108791/For Profit to be dissolved effective 02/10/2009. We as Needed Hands and/or Dalmey Edwards do not intend in no way to reverse the dissolution.

Please accept this letter as our official request to dissolve the For Profit.

Please accept the enclosed Articles of Incorporation for Non-Profit for Needed Hands,

Sincerely,



Dalmey Edwards  
President/ Founder

Tha



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2009

DALMEY EDWARDS  
4503 SEYBOLD AVE  
ORLANDO, FL 32808

SUBJECT: NEEDED HANDS, INC.  
Ref. Number: W09000010073

We have received your document for NEEDED HANDS, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

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.

The Money that was submitted with the original online filing has been refunded to you. So therefore, you will have to issue a check for \$78.75 for this filing. Please be more specific on the manner of election for the directors.

Please return 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) 245-6913.

Diane Cushing  
Document Specialist Supervisor

Letter Number: 109A00007358

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**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

MAR 16 PM 4: 42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

NEEDED HANDS, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

4503 SEYBOLD AVE  
ORLANDO, FL 32808

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

NEEDED HANDS is designed to help and serve men that are disenfranchised w/ homelessness, disabilities, and sicknesses that prevents them from getting a fair start or have fallen short w/society. We provide housing, meals, therapy, life related skills, education, work and entrepreneur resources to promote independent living

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Volunteer and direct appointment THE METHOD IN WHICH DIRECTORS ARE APPOINTED  
Will be as stated in the bylaws.

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

DALMEY EDWARDS PRESIDENT/FOUNDER

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

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

VICTRINA R. MULLINGS/ SAGG BUSINESS CONSULTING INC.  
7635 ASHLEY PARK CT#503  
ORLANDO, FL 32835

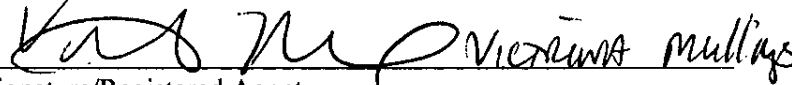
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

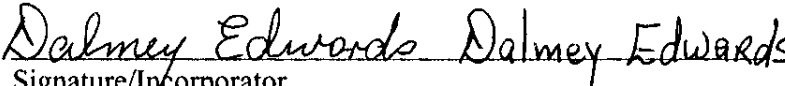
DALMEY EDWARDS  
4503 SEYBOLD AVE  
ORLANDO, FL 32808

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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.

  
Signature/Registered Agent

2-17-09  
Date

  
Signature/Incorporator

2-17-09  
Date