N09000002988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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09 MAR 24 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. McKnight MAR 25 2009

COVER LETTER

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

SUBJECT: IN MY Abba's Hands
(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: IN my Abbas Hands C/O Vincent Davino
Name (Printed or typed)

3004 Port ofino Isle Apt H1
Address

Coconut creek FL 33066
City, State & Zip

954-531-8340
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
IN my ABBA'S HAND'S INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
3004 PORTOFINO ISLE APT H1
COCONUT CREEK FL. 33066

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
PRIMARY GOAL IS TO ENABLE YOUNG MOTHERS TO CARRY THEIR BABIES TO TERM BY MEETING THEIR PHYSICAL, EMOTIONAL, SPIRTUAL, AND EDUCATIONAL NEEDS

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
DIRECTORS SHALL BE ELECTED ANNUALLY BY A MAJORITY VOTE OF THE MEMBERS. ELECTED AT THE ANNUAL MEETING

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):
PRESIDENT / DIRECTOR - VINCENT DAVINO 3004 PONTOFINO ISE APT H1 COCONUT CREEK FL 3306
TREASURER / DIRECTOR - CORINNE COLTRANE 3004 PONTOFINO ISE APT H1 COCONUT CREEK FL 33066
SECRETARY / DIRECTOR - GRACE DAVINO 3004 PONTOFINO ISLE APT H1 COCONUT CREEK FL 33066

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:
VINCENT DAVINO
3004 PONTOFINO ISLE APT H1
COCONUT CREEK FL. 33066

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:
VINCENT DAVINO
3004 PONTOFINO ISLE APT H1
COCONUT CREEK FL. 33066

****

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.

VINCENT DAVINO — 3-19-09
Signature/Registered Agent — Date

VINCENT DAVINO — 3-19-09
Signature/Incorporator — Date