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(Red	questor's Name)			
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
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COVER LETTER

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

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SUBJECT:	Tender Hands of an Angle Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)		
Enclosed is an original a \$70.00 Filing Fee	Filing Fee & Certificate of Status	les of Incorporation and \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate
FROM: Tender Hands of an Angel Inc. Name (Printed or typed)			
3430 N.W. 41 STREET Address			-
LAUDERDALE LAKES FLORIDA 33309 City, State & Zip			-
	754244637	1	

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

E-mail address: (to be used for future annual report notification)

Daytime Telephone number

SK33309 @YAHOO.COM

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Tender Hands of an Angel Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 3430 N.W 41 STREET LAUDERDALE LAKES FLORIDA 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Tender Hands of an Angel will provide care,
food, housing, counseling, and advocacy for the elderly/
teens

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: In business meeting

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Sylvia Akins President Director/CEO 3430 NW 41 street Lauderdale
Lakes Florida 33309

Dr. Valerie D. Brooks Project Director 2020nw 28 Terrace
Fort Lauderdale Florida 33311

Scheldon L Smith Director of Redential Services.

3430 nw 41 street Lauderdale Lakes Florida 33309

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Sylvia L. Akins

3430 nw 41 street Lauderdale Lakes Florida 33309

ARTICLE VII INCORPORATOR

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

Sylvia L .A kins

3430 nw 41 street Lauderdale Lakes Floriid	a 33309
***********	**********
Having been named as registered agent to accept service of pin this certificate, I am familiar with and accept the appoint	process for the above stated corporation at the place designated ment as registered agent and agree to act in this capacity. 05/ 27/ 2010
Signature/Registered Agent	Date
Milino	05/ 27/ 2010
Signature/Incorporator	Date

