

N10000009557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

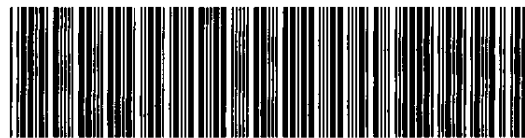
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Mr. Daniels wanted
"Inc" added.

10/12/10 vH

Office Use Only



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10/08/10--01018--006 **70.00

10 OCT - 8 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: Gardner's Hands, LLC.

(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: Annamma Daniel

Name (Printed or typed)

5006 Ironwood Trail

Address

Bartow , Florida 33830.

City, State & Zip

(863) 644 0655 (863) 838 3849

5006 Ironwood Trail Telephone number

annammadaniel@aol.com

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

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

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

ARTICLE I NAME

The name of the corporation shall be:

Gardner's Hands Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

5006 Ironwood Trail

Bartow, Florida 33830

Mailing address, if different is:

5006 Ironwood Trail

Bartow, Florida 33830

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To aid and assist socially, educationally and financially disadvantaged families and individuals all around the world. Christian counselling will be part of the mission.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Directors are elected for a period of 5 years. One of the directors will act as Chairperson/President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sherrine Thomas, President.

Address: 3015 Allison Lane
Highland, Michigan 48357.

Name and Title: Susan Jacob, Director

Address: 509 Aspen Residency
Resapuvanipalam, VISAK
Andhra Pradesh, India 530013.

Name and Title: Sunila Varghese, Vice President

Address: 317 Argosy Drive
Gaithersburgh,
Maryland 20878.

Name and Title: Sindhu Jacob, Director

Address: 4207 Live Oak Street, Apt 1223.
Dallas, Texas 75204.

Name and Title: Alice Varghese, Director.

Address: 317 Argosy Drive
Gaithersburgh,
Maryland, 20878.

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Annamma Daniel, Registered Agent.

Address: 5006 Ironwood Trail
Bartow, Florida 33830

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Annamma Daniel

Address: 5006 Ironwood Trail
Bartow, Florida 33830.

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

Annamma Daniel
Required Signature of Registered Agent

10/5/2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Annamma Daniel
Required Signature of Incorporator

10/5/2010
Date

APPROVED
AND
FILED
10 OCT - 8 PM 4:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA