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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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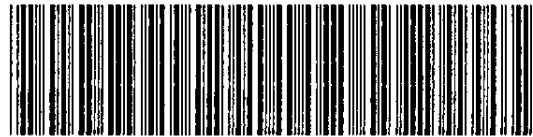
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 FEB 18 AM 7:41

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AND  
FILED

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**COVER LETTER**

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

SUBJECT: Healing Wings Global Ministries, 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: Crystal Payne  
Name (Printed or typed)

4195 Haverhill Road N. #302  
Address

West Palm Beach, FL 33417  
City, State & Zip

(561) 951-0035  
Daytime Telephone number

healingwingsgm@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)

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**ARTICLE I NAME**

The name of the corporation shall be: Healing Wings Global Ministries, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal **Street** Address:

4195 Haverhill Road North, 302  
West Palm Beach, FL 33417

Mailing Address, if different is:

P.O. Box 10412  
West Palm Beach, FL 33417

**ARTICLE III PURPOSE**

The purpose for which this corporation is organized is:

Exclusively for religious purposes as specified in Section 501(c)(3) of the Internal Revenue Code. The specific purpose of Healing Wings Global Ministries, Inc. is to provide a holistic approach to healing the mind, body and spirit of all people infected or affected with HIV/AIDS through Christian faith based principles. In addition, we will also provide girls and boys mentoring and HIV prevention services by implementing behavioral interventions for youth, adolescents, teens and young adults. Our primary focus is to take the message of God's saving grace, deliverance and healing power to the world.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed: Elected.

Until the permanent Board of Directors are established, the Corporation shall be under the management of an interim board of directors composed of 5 members appointed by the President within 90 days after the date of the enactment. The Directors are elected in accordance with the Bylaws.

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

Name and Title: Crystal D. Payne, President/CEO  
Address: 4195 Haverhill Road North, # 302  
West Palm Beach, FL 33417

Name and Title: June Austin, Vice President  
Address: 421 West 24<sup>th</sup> Street  
Riviera Beach, FL

Name and Title: Robert Glass, Director  
Address: PO BOX 1501  
West Palm Beach, FL 33402

Name and Title: Lorenzo Robertson, Director  
Address: 1502 Singletary Avenue  
Pahokee, FL 33476

Name and Title: Caroline Hill, Secretary/Treasurer  
Address: 3600 Broadway  
West Palm Beach, FL 33401

#### **ARTICLE VI DURATION**

The period of duration of the Corporation shall be perpetual.

#### **ARTICLE VII DISSOLUTION**

On the dissolution of the corporation, its assets remaining after payment of, or provision for payment of, all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation, or corporation, which is organized and operated exclusively for Religious, Charitable and Educational purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future Federal Tax Code, or shall be distributed to the Federal Government, or to State or local government for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

#### **ARTICLE VIII REGISTERED AGENT**

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

Name: Crystal D. Payne

Address: 4195 Haverhill Road North #302  
West Palm Beach, FL 33417

#### **ARTICLE IX INCORPORATOR**

The name and address of the Incorporator is:

Name: Crystal D. Payne

Address: 4195 Haverhill Road North, #302  
West Palm Beach, FL 33417

*Having been named as registered agent to accept services 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.*



*Required Signature of Registered Agent*

2/15/11

*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.*



*Required Signature of Incorporator*

2/15/11

*Date*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED