

N 11000004363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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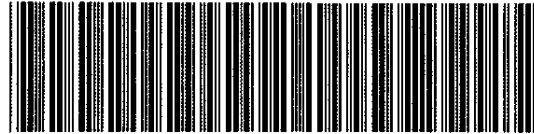
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. Shivers MAY 04 2011

✓

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COVER LETTER

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

SUBJECT: Helping Hands Worldwide Outreach Ministry, 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: Georgia Cloud
Name (Printed or typed)

806 Ridge Road
Address

Tallahassee, FL 32305
City, State & Zip

(850) 980-2019
Daytime Telephone number

hhomnp0@aol.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY -4 PM 0:16

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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: Helping Hands Worldwide Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1207 McCaskill Ave
Tallahassee, FL 32310

Mailing address, if different is:
806 Ridge Rd.
Tallahassee, FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: we would like to extend a helping hand to those who are less fortunate on a needs basis

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

as stated in the by laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Georgia Cloud - Founder
Address: 806 Ridge Rd.
Tallahassee, FL 32305

Name and Title: Kayretia Burt
Address: 1285 Orange Ave
Tallahassee FL 32301
Vice President

Name and Title: Carolyn Bowers
Address: 1127 Conklin Street
Tallahassee, FL 32310
Treasurer

Name and Title: Christine Graham
Address: P.O. Box 303
Midway, FL 32343
Director

Name and Title: Chantale Laudny
Address: 1285 Orange Ave
Tallahassee FL 32301
President

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: Georgia Cloud
Address: 806 Ridge Road
Tallahassee, FL 32305
Founder / CEO

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Georgia Cloud
Address: 806 Ridge Road
Tallahassee, FL 32305
Founder / CEO

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]
Required Signature of Registered Agent

05/04/11
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.

[Signature]
Required Signature of Incorporator

05/04/11
Date

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MAY 4 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA