## N110000004894

(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:				





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## **COVER LETTER**

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

SUBJECT: HANDING LOVE MINISTRY, INC								
	(PROPOSED CORPORATI	E NAME – <u>MUST INCLU</u>	JDE 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 CO	OPY REQUIRED					
FROM: LOUIS-MARIE BISSAINTHE  Name (Printed or typed)								
2601 NW 47th ter Address								
LAUDERDALE LAKES, FL 33313 City, State & Zip								
	786-247-3366							

handingloveministry@yahoo.com

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

Daytime Telephone number

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



RECEIVED

11 HAY 18 AM II: 23

NATION OF CORPORATIONS

May 3, 2011

LOUIS-MARIE BISSAINTHE 2601 NW 47TH TER LAUDERDALE LAKES, FL 33313-2615

SUBJECT: LOVING HANDS MINISTRY, INC

Ref. Number: W11000024391

We have received your document for LOVING HANDS MINISTRY, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason Regulatory Specialist II

Letter Number: 611A00010648

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

ARTICLE I The name of the co		y, Inc			
ARTICLE II	PRINCIPAL OFFICE				
	Principal street address		Mailing address, if different is:		
•	2601 NW 47th Ter		PO BOX 120485		
	Lauderdale Lakes, FL 33313		Eort-Lauderdale, FL 33312		
ARTICLE III	PURPOSE				
The purpose for w	hich the corporation is organized is:				
	ommunity as a service provider. Its c care, food distribution and education		include counseling,	elder day ca	re,
ARTICLE IV	MANNER OF ELECTION The manner	in which the directo	rs are elected and appointed	l:	
They are elec	cted and appointed by vote				
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS			
	itle: Rev Louis M. Bissainthe, President			he, Secretary	
Address:	2601 NW 47th Ter	Address:	2601 NW 47th Ter	1 00040	
	Lauderdale Lakes, FL 33313	<del></del>	Lauderdale Lakes, F	L 33313	
Name and T	itle: <u>Pierre-Andre Desamour,</u> 2nd Preside	nt Name and Titl	e: Garry Alcide, Secret	ary Assistant	
Address:	1089 NE 156th Street		7530 Indigo Street		
•	North Miami Beach, FL 33162	<del></del>	Miramar, FL 33023		
Name and T	itle: Frantz Deracy, Treasurer	— Name and Titl	e:		
Address:		Address:			
	- Cardono, T. C. COCCO	· · · · · · · · · · · · · · · · · · ·			
ARTICLE VI	REGISTERED AGENT				
	rida street address (P.O. Box NOT acceptable)	of the registered ag	ent is:		
Name: Address:	Louis M Bissainthe				
Address:	2601 NW 47th Ter Lauderdale Lakes, FL 33313	<u> </u>			
	Ladderdale Lakes, L 303 5			<b>新</b>	
4 D. Ø 10 1 D 11 11 11 11 11 11 11 11 11 11 11 11		,		<u> </u>	***(**)
ARTICLE VII	INCORPORATOR		•	- <del>1</del>	والمنظور أن فحم
Name:	Iress of the Incorporator is: Pierr-Andre Desamour			TO TO	
Address:	1089 NE 156th Street	<del>_</del>		3	
Address.	North Miami Beach, Fl 33162			3 c	
•			,	製品 公	
Having been nam certificate, I am fa	ed as registered agent to accept service of pro miliar with and accept the appointment as regist	cess for the above ered agent and agr	stated corporation at the ee to act in this capacity	place designated	in this
	12560	_	0-1	13/2011	
<i>_</i>	Required Signature of Registered Agent		1.05/1	14/2011	
			•	Japa	
i submit this docu to the Department	ment and affirm that the facts stated herein are of State constitutes a third degree felony as prov	true. I am aware t ided for in s.817.15	hat any false information s 55, F.S.	submitted in a do	cument
	Durchul -	-		/ / _	
_	( ) III MALLUE		0 m /	11. 1.00	11

Required Signature of Incorporator