

N11000007744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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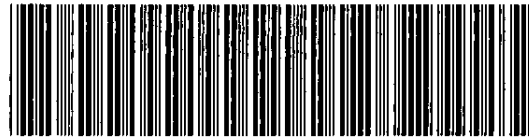
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 AUG 12 AM 9:19
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

R 08/16/11

WM-21895



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 AUG 12 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 19, 2011

MICHAEL D. HOLMES
3540 N.W. 206 ST.
MIAMI GARDENS, FL 33056

SUBJECT: HEALING HOUSE MINISTRIES
Ref. Number: W11000021895

We have received your document for HEALING HOUSE MINISTRIES 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 must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of 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) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 411A00009479

COVER LETTER

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

SUBJECT: Healing House 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: Michael D. Holmes
Name (Printed or typed)

3540 N.W. 206 St
Address

Miami Gardens, FL 33056
City, State & Zip

786-269-4413
Daytime Telephone number

mike.holmes1963@yahoo.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

HEALING HOUSE MINISTRIES, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

3540 N.W. 206th
MIAMI GARDENS, FL. 33056

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Reaching out to the least and lost in our community, empowering them through the word of God by providing social skills, teaching good business principles, and serving the youth through intervention programs such as sports and the arts.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:
The directors were appointed by the CEO/president.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael L. Holmes / President
Address: 3540 N.W. 206th
MIAMI GARDENS, FL. 33056

Name and Title: _____
Address: _____

Name and Title: Kimberly Holmes / VICE President
Address: 3540 N.W. 206th
MIAMI GARDENS, FL. 33056

Name and Title: _____
Address: _____

Name and Title: Shekita Williams / SEC. & Treasurer
Address: 3000 N.W. 95th
MIAMI, FL 33147

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: Veronica Morris
Address: 1663 N.W. 88th
MIAMI, FL 33147

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Holmes
Address: 3540 N.W. 206th
MIAMI GARDENS, FL. 33056

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Veronica J. Morris
Required Signature of Registered Agent

3/5/11
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.

Michael Holmes
Required Signature of Incorporator

3/5/11
Date