

N 11000009264

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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09/23/11--01041--001 **78.75

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11 SEP 30 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Special Instructions to Filing Officer:

Pam Mueller GAVE
AUTHORIZATION BY PHONE TO
CORRECT Add INC to corporate name
DATE 9/30/11
DOC. EXAM MRS

Office Use Only

MRS
9/30

COVER LETTER

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

SUBJECT: Healing Hands International, 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: Pam Mueller

Name (Printed or typed)

737 Silver Lake Road

Address

Monticello, FL 32344

City, State & Zip

850-997-3551

Daytime Telephone number

muellermont@aol.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2011

PAM MUELLER
737 SILVER LAKE ROAD
MONTICELLO, FL 32344

SUBJECT: HEALING HANDS INTERNATIONAL
Ref. Number: W11000049580

We have received your document for HEALING HANDS INTERNATIONAL and your check(s) totaling \$78.75. 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.

Bylaws are not filed with this office. Please retain them for your records.

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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 311A00022139

**ARTICLES OF INCORPORATION
OF
HEALING HANDS INTERNATIONAL, INC.**
(In Compliance with Chapter 617, F.S., (Not for Profit))

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11 SEP 30 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 1
NAME

The name of the corporation shall be HEALING HANDS INTERNATIONAL, INC.

ARTICLE 2
PRINCIPAL OFFICE

The principal place of business of this corporation shall be: Kilometer 11 1/2, Carretera Vieja a Leon, Managua, Nicaragua. The mailing address of this corporation shall be: P.O. Box 950, Monticello, Florida 32345

ARTICLE 3
PURPOSE

The corporation shall be operated exclusively as a non-stock, non-profit, charitable organization for the following purposes:

(a) To develop and administer programs designed to assist Central American women and children with various medical needs, primarily related to pregnancy, health, and nutrition.

(b) To develop and administer programs, clinics, and health education curriculum, designed to assist rural Central American communities to address routine health issues.

(c) To have and to exercise to the extent necessary or desirable for the accomplishment of any of the aforesaid purposes, and to the extent that they are not inconsistent with the charitable purposes of the Corporation, any and all powers provided by Chapter 617, F.S., the Florida Not For Profit Corporation Act.

ARTICLE 4
MANNER OF ELECTION

The qualifications for membership and the manner of appointing directors shall be regulated by the bylaws of the corporation.

ARTICLE 5
DIRECTORS AND OFFICERS

The initial directors and officers of the corporation, as well as their respective addresses are as follows:

<u>NAME</u>	<u>OFFICE</u>	<u>ADDRESS</u>
Richard Hucks	President/Director	320 Jay Drive Elgin, SC 29045
Susanna Sheats	Vice Pres/Director	1045 Sheats Road Monticello, FL 32344

<u>NAME</u>	<u>OFFICE</u>	<u>ADDRESS</u>
Philip Sheats	Secretary/Director	1045 Sheats Road, Monticello, FL 32344
Elisabeth Sheats	Treasurer	P.O. Box 950, Monticello, FL 32345
Dr. Benjamin Jones	Director	305 Oakbrook Drive, Columbia, SC 29203
Steve Schrock	Director	13524 CR14, Middlebury, IN 46540
Michael Tillotson	Director	905 Sheats Road, Monticello, FL 32344
Thomas Klein	Director	409 El Destinado Dr. Tallahassee, FL 32312

ARTICLE 6
REGISTERED AGENT AND STREET ADDRESS

The name and street address of the initial registered agent for the corporation are as follows:

<u>NAME</u>	<u>ADDRESS</u>
Thomas A. Klein	409 El Destinado Dr. Tallahassee, FL 32312

ARTICLE 7
INCORPORATOR AND STREET ADDRESS

The name and street address of the incorporator for the corporation are as follows:

<u>NAME</u>	<u>ADDRESS</u>
Pam W. Mueller	737 Silver Lake Road Monticello, FL 32344

ACCEPTANCE AS REGISTERED AGENT

I, THOMAS A. KLEIN, having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, am familiar with and hereby accept the appointment as registered agent and agree to act in this capacity.


THOMAS A. KLEIN / REGISTERED AGENT

August 16, 2011
DATE


PAM MUELLER / INCORPORATOR

8/16, 2011
DATE

FILED
11 SEP 30 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA