

N 12000001889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

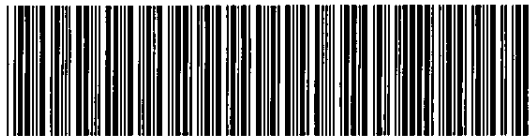
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 FEB 20 PM 3:46
TALLAHASSEE, FLORIDA

T. Burch FEB 20 2012

COVER LETTER

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

SUBJECT: H.E.L.P. (Healing Emotions, Empowering Lives, Loving People 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

☒ ^{NA} \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Pamela Cotton
Name (Printed or typed)

2151 Natural Wells Drive
Address

Tallahassee, FL 32305
City, State & Zip

850-421-1289
Daytime Telephone number

pdonaldson68@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

The name of the corporation shall be

Healing Emotions, Empowering Lives,
Loving People Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2151 Natural Wells
Tallahassee, FL 32305

Mailing address, if different is:

P.O. Box 56
Woodville, FL 32362

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose is this is a Ministry that help women & men, single mothers & fathers get back on their feet. We will supply knowledgeable workshops & give aways, we will hold classes, help find jobs, and also supply them resources and tangible goods such as food, clothes, furniture, etc.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed by Founder

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joyce Roberts / Treasurer Name and Title: Barbara Jackson (Hosp)

Address: 164 Roberts/Williams Rd Address: P.O. Box 332
Crawfordville, FL 32327 Crawfordville, FL 32327

Name and Title: Jay Stephens / VP Name and Title:

Address: 79 Roberts/Williams Rd Address:
Crawfordville, FL 32327

Name and Title: Brittany O'Neal Name and Title:

Address: 79 Roberts/Williams Rd Address:
Crawfordville, FL 32327

ARTICLE VI REGISTERED AGENT

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

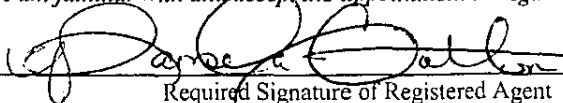
Name: Pamela Cotton
Address: 2151 Natural Wells Dr
Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

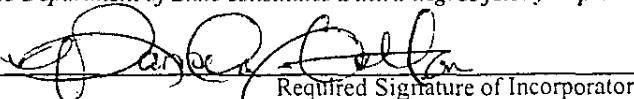
Name: Pamela Cotton
Address: P.O. Box 56
Woodville, FL 32362

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


Required Signature of Registered Agent

2/20/12
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

2/20/12
Date

FILED
12 FEB 20 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA