

N12000004116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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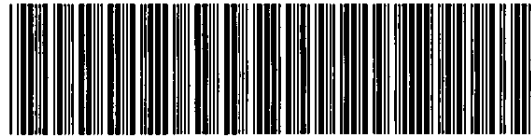
(Business Entity Name)

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DIVISION OF CORPORATIONS
12 APR 20 PM 1:27

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COVER LETTER

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

SUBJECT: Hands with Love, 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: Sabrina Richardson

Name (Printed or typed)

123 Gloria Dr.

Address

Hollister, FL 32147

City, State & Zip

386-350-0132

Daytime Telephone number

handswithlove12@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:

Hands with Love, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
123 Gloria Dr.
Hollister, FL 32147

Mailing address, if different is:

PO Box 413
Hollister, FL 32147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide handmade (crocheted, knit, quilted) blankets, scarves, gloves and varies items for the homeless, needy and poor individuals.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

By approval from president

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sabrina Richardson, President
Address: 123 Gloria Dr.
PO Box 413
Hollister, FL 32147

Name and Title: _____
Address: _____

Name and Title: Marvin Vore, III, Vice President
Address: 123 Gloria Dr
PO Box 829
Hollister, FL 32147

Name and Title: _____
Address: _____

Name and Title: Sabrina Richardson, Treasury
Address: 123 Gloria Dr.
PO Box 413
Hollister, FL 32147

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: Sabrina Richardson
Address: 123 Gloria Dr.
PO Box 413
Hollister, FL 32147

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DIVISION OF CORPORATIONS
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sabrina Richardson
Address: 123 Gloria Dr.
PO Box 413
Hollister, FL 32147

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

Sabrina Richardson
Required Signature of Registered Agent

4/18/12
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.

Sabrina Richardson
Required Signature of Incorporator

4/18/12
Date