

N12000007074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

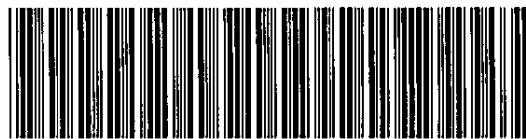
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MRS  
7/20/12

FILED  
12 JUL 19 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Help is on the way 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: Help is on the way Ministries Inc  
Name (Printed or typed)

2629 61 AVE N  
Address

St Pete Fla 33714  
City, State & Zip

727-565-9810  
Daytime Telephone number

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

RECEIVED  
12 JUL 19 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 28, 2012

ROBBIN BOONE  
HELP IS ON THE WAY MINISTRIES INC  
2629 61 AVE N  
ST PETERSBURG, FL 33714

SUBJECT: HELP IS ON THE WAY MINISTRIES INC  
Ref. Number: W12000034771

We have received your document for HELP IS ON THE WAY MINISTRIES 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):

List the corporation name in Article I of your form. List the complete address for the officer listed. The city name must be spelled out wherever it is listed in your document.

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.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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) 245-6052.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 312A00017677

# ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

## ARTICLE I NAME

The name of the corporation shall be: Helpison the way ministries Inc

## ARTICLE II PRINCIPAL OFFICE

Principal street address

2629 61 Ave North  
St Pete, Fla  
St Petersburg 33714  
Florida

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A Christian Faith Based Living Facility  
for Spiritual Recovery Religious Services for men and women with  
handships, homelessness, substance abuse, suffers, mental health issues, marital  
issues, financial issues, those with limited education, even individuals who  
just want to become closer with God, self sufficient program that empowers  
in areas of responsibility, accountability.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Directors will be appointed

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robbin Boone

Name and Title: \_\_\_\_\_

Address: 2629 61 Ave North  
St Petersburg Florida  
manager 33714

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

## ARTICLE VI REGISTERED AGENT

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

Name: Robbin Boone

Address: 2629 61 Ave North  
St Petersburg Florida  
33714

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robbin Boone

Address: 2629 61 Ave North  
St Pete Fla 33714  
St. Petersburg Florida

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12 JUL 19 PM 5:17  
SECRETARY 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

Robbin Boone m

Required Signature of Registered Agent

6-21-12

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.

Robbin Boone

Required Signature of Incorporator

6-21-12

Date