

N13000008930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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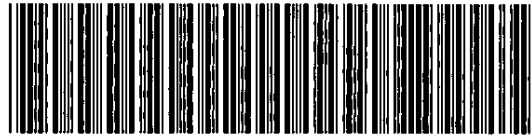
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 10/02/13

COVER LETTER

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

SUBJECT: Gwenettes Loving Hands Association

(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: Shawndolyn Matthews

Name (Printed or typed)

12423 25th Court East

Address

Parish, FL. 34219

City, State & Zip

941-580-8687

Daytime Telephone number

shawmtthws592@gmail.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: Gwenettes Loving Hands Association Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
12423 25th Court East

Mailing address, if different is:

Parrish, FL. 34219

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To help people that are in need. By providing assistance with clothing, food and financial hardships.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shawndolyn Matthews President

Address: 12423 25th Court East
Parrish, FL. 34219

Name and Title: _____

Address: _____

Name and Title: Vicky Hunter Vice President

Address: 3810 5th St. East Apt. 425
Bradenton, FL. 34208

Name and Title: _____

Address: _____

Name and Title: Latarrika Dowling Secretary

Address: 2510 15th Ave. West
Bradenton, FL. 34205

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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: Vicky Hunter
Address: 3810 5th St. East Apt. 425
Bradenton, FL. 34208

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vicky Hunter
Address: 3810 5th St. East Apt. 425
Bradenton, FL.34208

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

Vicky Hunter
Required Signature of Registered Agent

9/25/2013
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.

Vicky Hunter
Required Signature of Incorporator

9/25/2013
Date