

N15000002528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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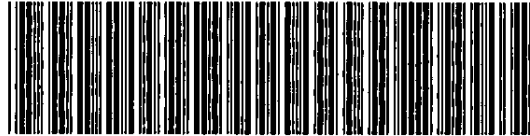
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 11 2015

S. GILBERT

COVER LETTER

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

SUBJECT: **HEARTS TO HANDS MINISTRY, 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: **ERNESTINE YOUNG**
Name (Printed or typed)

1530 CORNER CROSSING ROAD

Address

DELAND, FLORIDA 32720

City, State & Zip

386-717-9234

Daytime Telephone number

ernesy03@aol.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: Hearts to Hands Ministry, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

514 West Beresford Avenue

DeLand, FL 32720

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide services by educating, mentoring, outreach in the community for those in need.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ernestine Young, President

Address: 1530 Corner Crossing Road
DeLand, FL 32720

Name and Title: JoHanna James, Asst Secretary

Address: 506 Harrison Place Dr, Apt. 514
DeLand, FI 32720

Name and Title: Allison Gist, Vice President

Address: 1816 Golfwood Circle
Ormond Beach, FL 32174

Name and Title: Clara Triplett

Address: 2179 India Blvd
Deltona, FL 32728

Name and Title: Gaysha Hill, Secretary

Address: 220 West Euclid Ave
DeLand, FL 32720

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Ernestine Young

Address: 1530 Corner Crossing Road

DeLand, FL 32720

ARTICLE VII INCORPORATOR

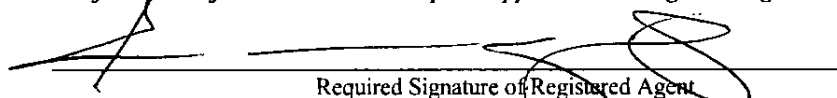
The name and address of the Incorporator is:

Name: Ernestine Young

Address: 1530 Corner Crossing Road

DeLand, FL 32720

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

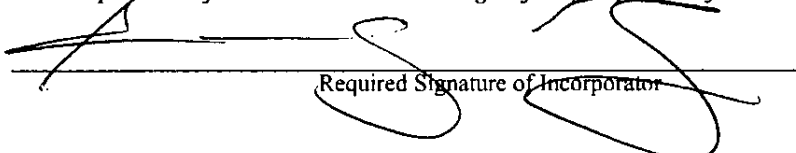


Required Signature of Registered Agent

03/04/2015

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

03/04/2015

Date