

WIS0000064241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

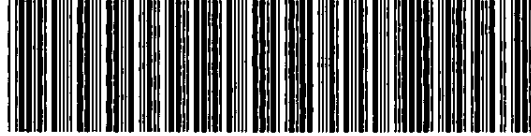
Special Instructions to Filing Officer:

Office Use Only

WIS000019372

APR 28 2015

T. SCOTT



500270508355

03/16/15--01028--006 **78.75

15 APR 27 AM 9:19

RECEIVED
FBI - WISCONSIN
APR 27 2015



15 APR 27 PM 12:24

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2015

ROBERT L ADKINS
2349 CANOE CREEK RD
ST CLOUD, FL 34769

SUBJECT: HEART IN HANDS SPECIAL NEEDS INC
Ref. Number: W15000019372

We have received your document for HEART IN HANDS SPECIAL NEEDS INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 615A00006974

From Robert L Adkins

2349 Canoe Creek Rd

St Cloud FL 34769

To: Tyrone Scott Ref, number: W15000019372

Dear Tyrone I dissolved Heart In Hands Special Needs Inc a for profit Corporation to form a Heart in Hands Special Needs Inc. nonprofit corporation .

I have no intention of revoking the dissolution and want to use the name for my nonprofit corporation.

If you need anything else please let me know

Bob Adkins

15 APR - 1 PM 4:12
ST. CLOUD, FL 34769

COVER LETTER

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

SUBJECT: **Heart In Hands Special Needs Inc**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Non Profit

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: **Robert L Adkins**

Name (Printed or typed)

2349 Canoe Creek Rd

Address

St Cloud FL 34769

City, State & Zip

407 908 9550

Daytime Telephone number

bob@bobsway.net

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: Heart In Hands Special Needs Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2349 Canoe Creek Rd

St Cloud Fl 34769

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To build a community for disable veterans and handicapped people from all walk of life.

Special needs and therapy thru activities of daily living such as farming, fishing, and boating, golfing and other types of sports.

Each level of service is intened to be met thru on-site physician services and other health programs.

Amenities will be designed to give many various opportunities for lifestyle choices
tht meet each individual's needs or desires such as mentioned above.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: First two by President
and other by board of directors

ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert L Adkins P

Address: 2349 Canoe Creek Rd
St Cloud Fl 34769

Name and Title: Robert D Adkins VP

Address: 6601 Bass HWY
St Cloud Fl 34771

Name and Title: Edwin Pratt SEC

Address: 18801 Tacoma St
Orlando Fl 32833

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

15 APR 27 AM 9:16

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: Robert L Adkins

Address: 2349 Canoe Creek Rd

St Cloud FL 34769

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert L Adkins

Address: 2349 Canoe Creek Rd

St Cloud FL 34769

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

Robert L Adkins

Required Signature of Registered Agent

April /20/ 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.

Robert L Adkins

Required Signature of Incorporator

April /20/2015

Date