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2/29/16

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: HEELP Ministries Resource Center 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: Pamela Cotton  
Name (Printed or typed)

1683 Sopchoppy Highway  
Address

Sopchoppy, FL 32358  
City, State & Zip

850-241-8048  
Daytime Telephone number

pamelacotton@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: HEELP Ministries Resource Center Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

3278 Crawfordville Hwy Unit G  
Crawfordville, Fl. 32327

Mailing address, if different is:

1683 Sopchoppy Hwy  
Sopchoppy, Fl 32358

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Specific purposes for which this  
corporation is organized include but are not limited to any lawful:  
Assist families, men, women, and children through educational  
workshops about the importance of Education, health, and  
wellness, economic empowerment, and the prevention and  
intervention of homelessness.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Voting Groups  
The Directors will be stated as in the bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Pamela Cotton / Director

Address

1683 Sopchoppy Hwy  
Sopchoppy, Fl 32358

Name and Title:

William Cotton / Director

Address:

1683 Sopchoppy Hwy  
Sopchoppy, Fl 32358

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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JACKSONVILLE, FLORIDA

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

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

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

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Pamela Cotton

Address: 1683 Sopchoppy Hwy

Sopchoppy, FL 32358

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Pamela Cotton

Address: 1683 Sopchoppy Hwy

Sopchoppy, FL 32358

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 2/29/16 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

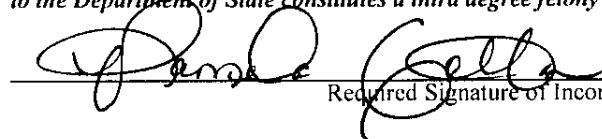
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

2/29/16  
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

2/29/16  
Date