

N/6 000009874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

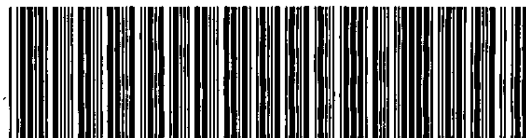
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 OCT -7 PM 2:48

W/6-064816

10/07/16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2016

JAMES GANDY  
5643 GREEN FOREST DR.  
JACKSONVILLE, FL 32244

SUBJECT: HANDS AND FEET FOUNDATION, INC  
Ref. Number: W16000064816

We have received your document for HANDS AND FEET FOUNDATION, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 916A00020104

RECEIVED  
16 OCT -7 PM 2:30  
REGULATORY SPECIALIST  
INFORMATION SERVICES

## COVER LETTER

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

**SUBJECT:** HANDS AND FEET FOUNDATION, 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:** JAMES GANDY

Name (Printed or typed)

5643 GREEN FOREST DRIVE

Address

JACKSONVILLE, FL 32244

City, State & Zip

904-465-5083

Daytime Telephone number

[gandyjames@yahoo.com](mailto:gandyjames@yahoo.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: HANDS AND FEET FOUNDATION, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
5643 GREEN FOREST DRIVE

JACKSONVILLE, FL 32244

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THIS CORPORATION IS NOT ORGANIZED FOR THE PRIVATE GAIN  
OF ANY PERSON. THIS CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL  
PURPOSES WITHIN THE MEANING OF THE 501(c)(3) OF THE CODE TO BE A PUBLIC CHARITY WHICH RAISES FUNDS  
FOR THE PURPOSES BUT NOT LIMITED TO PROVIDING SCHOOL CHILDREN IN LOCAL SCHOOLS SUPPLIES,  
MERCHANDISE, APPAREL, COLLECTING AND DISTRIBUTING FOOD AND PROVIDING HELP AND SERVICES FOR  
PEOPLE AND/OR ENTITIES IN NEED ON BEHALF OF INDIGENT PERSONS, TOGETHER WITH ANY AND ALL ACTS  
NECESSARY AND RELATED THERETO.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: The business  
and affairs of the Corporation shall be managed by or under the  
direction of the board of directors. In accordance with the by-laws.

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

Directors shall be elected by a majority  
of the entire board of directors.

Name and Title: JAMES GANDY - PRESIDENT

Address: 5643 GREEN FOREST DRIVE

JACKSONVILLE, FL 32244

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

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

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

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

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

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

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

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

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

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DIVISION OF CORPORATIONS  
16 OCT -7 PM 2:48

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: JAMES GANDY  
Address: 5643 GREEN FOREST DRIVE  
JACKSONVILLE, FL 32244

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16 OCT -7 PM 2:48

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JAMES GANDY  
Address: 5643 GREEN FOREST DRIVE  
JACKSONVILLE, FL 32244

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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 of registered agent and agree to act in this capacity*

\_\_\_\_\_  
Required Signature of Registered Agent

9-12-2016  
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

9-12-2016  
Date