

N18000005602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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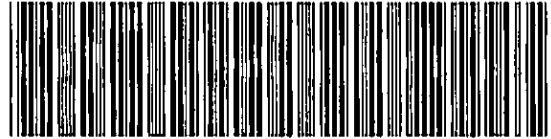
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D O'KEEFF

MAY 18 2018

W18-13452



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2018 MAY 10 AM 11:18

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
REGISTRATION SERVICES

April 25, 2018

CHANDRA CANJU  
10400 NE 5TH AVE  
MIAMI SHORES, FL 33138

SUBJECT: HOLDING HANDS FOUNDATION, INC.  
Ref. Number: W18000013452

We have received your document for HOLDING HANDS FOUNDATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity name in Article I does not match the cover letter.

Please return 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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 718A00008533

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** HOLDING HANDS 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:** CHANDRA GANJU  
Name (Printed or typed)

10400 NE 5TH AVE  
Address

MIAMI SHORES, FL 33138  
City, State & Zip

7865435806  
Daytime Telephone number

chandraganju55@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: Holding Hands Foundation, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
10400 NE 5TH AVE  
MIAMI SHORES, FL 33138

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

"Never Endure Hurt Alone" and provides helping hands by holding hands to those who endure pain/hurt alone.

To provide financial assistance to cancer patients and their families.

To provide housing assistance to cancer patients in need of housing during treatment.

To provide food assistance to cancer patients and families in crises.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: as per Bye -Laws.

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

Name and Title:	<u>Chandra Mukhi Ganju ( President)</u>	Name and Title:	<u>Kartikeya Tanna ( Vice President)</u>
Address	<u>10400 NE 5TH AVE</u>	Address:	<u>10400 NE 5TH AVE</u>
	<u>MIAMI SHORES, FL 33138</u>		<u>MIAMI SHORES, FL 33138</u>
Name and Title:	<u>Deepak Ganju ( Managing Coordinators)</u>	Name and Title:	<u>Nihar Ganju( Secretary)</u>
Address	<u>10400 NE 5TH AVE</u>	Address:	<u>10400 NE 5TH AVE</u>
	<u>MIAMI SHORES, FL 33138</u>		<u>MIAMI SHORES, FL 33138</u>
Name and Title:	<u>Deepak Ganju ( Treasurer)</u>	Name and Title:	_____
Address	<u>10400 NE 5TH AVE</u>	Address:	_____
	<u>MIAMI SHORES, FL 33138</u>		_____

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: Chandra Mukhi Ganju ( President)  
 Address: 10400 NE 5TH AVE  
MIAMI SHORES, FL 33138

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Chandra Mukhi Ganju ( President)  
 Address: MIAMI SHORES, FL 33138

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 TALLAHASSEE, FLORIDA

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**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 days prior or 90 days after the filing.)

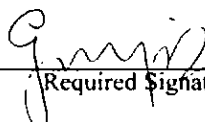
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

2-3-2018  
 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

2-3-2018  
 Date