11900012574

(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:				
W19000103513				

Office Use Only



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11/14/19--01014--002 **78.75

19 HOV 14 PH 2: 35



December 2, 2019

YVETTE IRIZARRY 1526 MONROE ST DELAND, FL 32720

SUBJECT: HANDS OF HOPE TO THOSE IN NEED MINISTRY

Ref. Number: W19000103513

We have received your document for HANDS OF HOPE TO THOSE IN NEED MINISTRY 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Letter Number: 219A00024377

Shondreka M Bellenger Regulatory Specialist II

www.sunbiz.org

COVER LETTER

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

SUBJECT: Hands of hope to those in need (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 Fec &

Certificate of

Status

\$78.75

Filing Fee & Certified Copy

\$87.50

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Yve He Irizarry
Name (Printed or typed)

1526 Monroe St. Address

Deland, FL 32720 City, State & Zip

386-479-1146 Davtime Telephone number

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)

The name of the	corporation shall be: Hands of Hope	to those in need Ministry
	PRINCIPAL OFFICE	→
24.	Principal <u>street</u> address: OFL.Smilh Blvd	Mailing address, if different is:
<u>)) e</u>	1tona, FL 32738	DeLand, FL 32720
is organized and the	which the corporation is organized is: The principle with interest is to provide with all Society food, person	cosc for which the Corporation our numbers to the homeless onal items, a lotting and spiritual hope to thise in
need.	·	
	MANNER OF ELECTION The manner in which the INITIAL OFFICERS AND/OR DIRECTORS	PH 2: 35
Name and Title:	IVe He Ivizarry-President and	ride: Daisy Rodriguez-Vocal II
	1526 Monroe St. Address: Deland, FL 32720	977 N. Waycross Circle Deltona, Fl 32725
Address _	Mansol Cruz-Vocal I Name and T 2880 Flynn St. Address: Delfona, FL 32738	Tille: Carlos G. Collazo - Treasurer 2409 Barbarossa Ave De Itona, FL 32738
Address	Migdalia Millan - SocretaryName and 7 413 Fort Smith Blvd Address: Deltona, Fl 32738	Tille: Rev Jose F. Ramos-Pastor 2195 Lightfact St. Deltona, FL 32732

Name and Title:_	· · · · · · · · · · · · · · · · · · ·	Name and Title:		-
Address		Address:		_
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Name and Title:_		Name and Title:		_
Address		Address;		
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	REGISTERED AGENT orida street address (P.O. Box NOT acce	manhla) a Caha maaisaa	and annual in	
	V :1 -		red agent is:	
Name:	Ivette Irizarry			
Address:	1526 Monroe St			
	Deland, FL 32721	<u> </u>		
	,			
	NCORPORATOR		≅ .	^
ine <u>name and ag</u>	tress of the Incorporator is:	1 1 1	Ę	- CO - CO-
Name:	Iglesia de Dios Fentaca			V PROME
Address:	840 Ft. Smith B	olyd		-
	Deltona, FL 327:	38_		구 [1]
ADTICLE VIII	EFFECTIVE DATE.	. 		. (プログ ウ デー (
Effective date, if o	EFFECTIVE DATE: ther than the date of filing:		(OPTIONAL)	5
(If an effective da	te is listed, the date must be specific an	d cannot be more t	than five days prior or 90 days after	the filing.)
N	. 12 42 11 1 1			
	nserted in this block does not meet the ap we date on the Department of State's reco		ling requirements, this date will not be	: listed as the
	·			
	ed as registered agent to accept service			designated in this
Cernificate, Fam Jo	miliar with and accept the appointment a	s registered agent ai	nd agree to act in this capacity	
4/HU/	Required Signature of Registered			119
			Bate	
I submit this docu to the Department	ment and affirm that the facts stated here of State constitutes a third degree felony (in are true. I am aw as provided for in s	are that any false information submit 817.155. F.S.	tted in a document
\mathcal{D}_{\neg}				_
1741	Required Signature of Incom	porator	$\frac{11/10/2}{\text{Date}}$	019
	Usquire of ment		institution	