

N20000008257

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(City/State/Zip/Phone #)

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2020 JUN -6 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

28 2020

COVER LETTER

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

SUBJECT: UNITED HANDS IN FAITH
(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: PATRICIA SAMPSON
Name (Printed or typed)

6805 W. Commercial Blvd
Address

TAMARAC FL 33319
City, State & Zip

(954) 709-5313
Daytime Telephone number

Patrose1962@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: UNITED HANDS IN FAITH INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6805 W. Commercial Blvd
TAMARAC FL 33319

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RELIGIOUS PURPOSES, FOOD DISTRIBUTION, SOCIAL SERVICES INCLUDING HOUSING, YOUTH DEVELOPMENT AND WOMEN REHABILITATION/RECOVERY.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

AS stated in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PATRICIA SAMPSON Name and Title: PRESIDENT

* Address 6805 W Commercial Blvd
TAMARAC FL 33319

Name and Title: MARJORIE MILLER Name and Title: VICE PRESIDENT

Address 3181 HOLIDAY Springs Blvd #41
MARGATE FL 33068

Name and Title: LaVonne Williams Name and Title: TREASURY/SECRETARY

* Address 6805 W Commercial Blvd
TAMARAC FL 33319

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JUN -6 PM 4:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: CLEVELAND SMITH

Address: 147 HAMMOND TER.
ROYAL PALM BEACH, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PATRICIA SAMPSON

Address: 6204 SLO 7TH STREET
MARGATE FL 33068

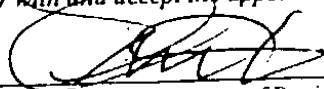
ARTICLE VIII EFFECTIVE DATE:

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 on 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

5-18-2021
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

5-18-2021
Date