

N230000/2083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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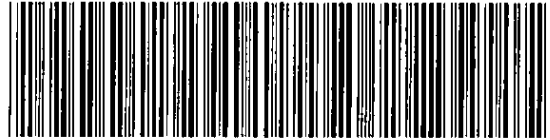
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: HANDS AT WORK 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: Morfydd Woodbine
Name (Printed or typed)

6841 SW 8 Street
Address

North Lauderdale, FL 33068
City, State & Zip

754-246-0744
Daytime Telephone number

devell295@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: Hands At Work Foundation, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6841 SW 8 Street

Mailing address, if different is:

North Lauderdale, FL 33068

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct any and all legal business permitted in the state

The corporation is a community organization and will benefit the community and community organizations

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Morfydd Woodbine- President

Name and Title: _____

Address 6841 SW 8 Street, North Lauderdale
FL 33068

Address: _____

Name and Title: Chenell Gray- Vice President

Name and Title: _____

Address 6841 SW 8 street
North Lauderdale, FL 33068

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2:03

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: Morfydd Woodbine

Address: 6841 SW 8 Street, North Lauderdale, FL
33068

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Morfydd Woodbine

Address: 6841 SW 8 Street, North Lauderdale, 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 in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

x Morfydd Woodbine
Required Signature of Registered Agent

9/18/23
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.

x Morfydd Woodbine
Required Signature of Incorporator

9/18/23
Date