

N24000010543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

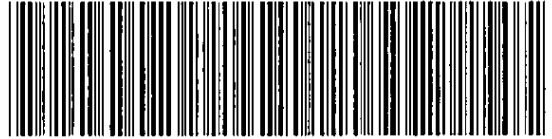
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SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP -6 AM 9:47

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

2024 JUN 26 AM 12:07

RECEIVED

COVER LETTER

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

SUBJECT: Hands in Action Inc W24000095643

(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

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TALLAHASSEE, FL
DIVISION OF STATE

2024 SEP -6 AM 9:47

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FROM: Cristiam Morales

Name (Printed or typed)

4302 Hollywood Blvd #236

Address

Hollywood, FL 33021

City, State & Zip

786-405-5047

Daytime Telephone number

handsinaction24@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 in Action Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4302 Hollywood Blvd #236

Hollywood, FL 33021

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide community services for marginalized individuals.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

as provided in bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cristiam Morales, Director

Address: 4302 Hollywood Blvd #236
Hollywood Florida 33021

Name and Title: _____

Address: _____

Name and Title: Luisa Marquez, D

Address: 4302 Hollywood Blvd #236
Hollywood Florida 33021

Name and Title: _____

Address: _____

Name and Title: Victor Flores, D

Address: 4302 Hollywood Blvd #236
Hollywood Florida 33021

Name and Title: _____

Address: _____

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2024 SEP -6 AM 9:47
CLERK OF STATE
TALLAHASSEE FL

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: Cristiam Morales

Address: 4302 Hollywood Blvd #236

Hollywood Florida 33021

ARTICLE VII INCORPORATOR

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

Name: Cristiam Morales

Address: 4302 Hollywood Blvd #236

Hollywood Florida 33021

DEPARTMENT OF STATE
TALLAHASSEE, FL

2024 SEP -6 AM 9:47

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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

Cristiam Morales

Required Signature of Registered Agent

08/07/2024

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.

Cristiam Morales

Required Signature of Incorporator

08/07/2024

Date