

# N99000005379

Requestor's Name  
**Barry I. Hechtman, C.P.A., P.A.**  
 8100 S.W. 81st Drive, Suite 210  
 Miami, FL 33143-6603  
 305-270-0014  
 City/State/Zip Phone #

400002964444--6  
 -08/19/99--01051--011  
 \*\*\*\*\*78.75 \*\*\*\*\*78.75

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

**FILED**  
 99 SEP - 8 PM 3:33  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

**FILED**  
 99 SEP - 8 PM 3:32  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

W99-19620

Monica Sanchez GAVE  
 AUTHORIZATION BY PHONE TO  
 CORRECT Art. IV & VI  
 DATE 9/9  
 DOC. EXAM 1/LR



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

August 24, 1999

BARRY I HECHTMAN, CPA, PA  
8100 SW 81 DRIVE, STE 210  
MIAMI, FL 33143-6603

SUBJECT: HOME LIFE MINISTRIES INTERNATIONAL, INCORPORATED  
Ref. Number: W99000019620

We have received your document for HOME LIFE MINISTRIES INTERNATIONAL, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

You must list at least one incorporator with a complete business street address.

Please return the original and one copy of 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) 487-6924.

Kimberly Rolfe  
Corporate Specialist Supervisor

Letter Number: 199A00042503

## **ARTICLES OF INCORPORATION**

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Not for Profit Act, hereby adopt(s) the following Articles of Incorporation.*

### **ARTICLE I - NAME**

*The name of the corporation shall be:*

**Home Life Ministries International, Incorporated**

### **ARTICLE II - PRINCIPAL OFFICE**

*The principal place of business and mailing address of this corporation shall be:*

**1415 NW 9<sup>th</sup> Court  
Homestead, FL 33030**

### **ARTICLE III - PURPOSE (S)**

*The specific purpose(s) for which the corporation is organized is (are):*

**Substance abuse counseling & behavioral & family therapy along with other ministries**

### **ARTICLE IV - MANNER OF ELECTION OF DIRECTORS**

*The Manner in which the directors are elected or appointed is:*

**The method of election of directors is as stated in the bylaws.**

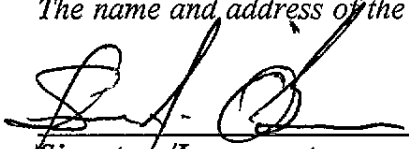
### **ARTICLE V - INITIAL REGISTERED AGENT ADDRESS**

*The name and address of the initial registered agent is:*

**Steven A. O'Brien 1415 NW 9<sup>th</sup> Court Homestead, FL 33030**

### **ARTICLE VI - INCORPORATOR**

*The name and address of the Incorporator to these Articles of Incorporation are:*

  
Signature/Incorporator      8/11/99  
Date

**1415 NW 9<sup>th</sup> COURT  
Homestead, FL 33030**

**Steven A. O'Brien**

**FILED**  
96 SEP - 8 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept services of process for the above stated corporation at the place designed in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Signature/Registered Agent

8/17/99  
Date

FILED  
99 SEP -8 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA