

P05000061864

(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:

Office Use Only



900048140199

04/15/05--01041--010 **78.75

FILED
05 APR 25 11 7:37
TALLAHASSEE, FL 32301

4/28/05
4/25/05
3/23/05



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 22, 2005

CHERYL J. BROWN
54 NE 188 STREET
MIAMI, FL 33179

SUBJECT: ANOINTED HANDS INC.
Ref. Number: W05000014779

We have received your document for ANOINTED HANDS INC. 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 document must state the number of shares of authorized stock.

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) 245-6955.

Suzanne Hawkes
Document Specialist
New Filings Section

Letter Number: 905A00019621

TRANSMITTAL LETTER

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

SUBJECT: ANOINTED HANDS INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: CHERYL J. BROWN

Name (Printed or typed)

54 NE 188 STREET

Address

MIAMI, FLORIDA 33179

City, State & Zip

305-3001863

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLE I NAME

The name of the corporation shall be:

ANOINTED HANDS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

54 NE 188 STREET MIAMI, FLORIDA 33179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALE PRODUCTS , PROVIDE SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

~~NONE~~ "ONE" QB

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

PRESIDENT, CHERYL J. BROWN 54 NE 188 STREET MIAMI, FLA. 33179 TREASURER, CHIQUILA S. BROWN 54 NE 188 STREET MIAMI, FLORIDA 33179 SECRETARY, CHIQUILA S. BROWN 54 NE 188 STREET MIAMI, FLORIDA 33179

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CHERYL J. BROWN 54 NE 188 STREET MIAMI FLORIDA 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHERYL J. BROWN 54 NE 188 STREET MIAMI FLORIDA 33179

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 famillar with and accept the appointment as registered agent and agree to act in this capacity

Cheryl J Brown
Signature Registered Agent

3/9/05
Date

Cheryl J Brown
(Signature Incorporator

3/9/05
Date

FILED
05 APR 25 AM 7:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA