

P06000003697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

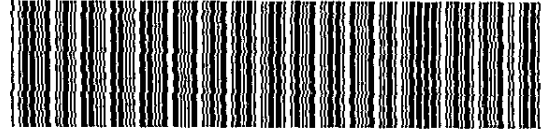
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 JUN -9 AM 11:45

SECRETARY & CLERK
TALLAHASSEE, FLORIDA

C.L. 1-11

COVER LETTER

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

SUBJECT: Blessed Hands Ministries, 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: Harriett Knowles Cole
Name (Printed or typed)

6910 Lake Place Court
Address

Tampa, Florida 33634
City, State & Zip

813.885.7712
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Blessed Hands Ministries, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6910 Lake Place Court Tampa, FL 33634

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pauid speaker and Publishing and Selling materials

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Harriett Knowles Cole
6910 Lake Place Court
Tampa, FL 33634

ARTICLE VI REGISTERED AGENT

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


Harriett Knowles Cole
6910 Lake Place Court, Tampa, FL 33634


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

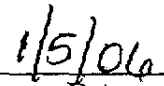
Harriett Knowles Cole
6910 Lake Place Court, Tampa, FL 33634

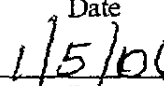
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent


Signature/Incorporator



Date


Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA