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### **CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

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AMENDMENTS	
Amendment Resignation of R.A., Officer/Director	
Change of Registered Agent	
Dissolution/Withdrawal Merger	
REGISTRATION/QUALIFICATION	
☐ Foreign ☐ Limited Partnership	
Reinstatement Trademark	
Other	
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#### ARTICLES OF INCORPORATION

10 OCT 18 AM 8: 25

SECRETARY OF STATE TALLAHASSEE FLORIDA

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### **ARTICLE I - NAME**

The name of the corporation shall be:

Helping Hand of Haiti earthquake Victims INC

#### ARTICLE II - PRINCIPAL OFFICE

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

567 N.W. 133Rdst Miami FL 33168

#### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

# <u>ARTICLES IV – INITIAL REGISTERED AGENT AND STREET</u> <u>ADDRESS</u>

The name and address of the initial registered agent is:

Mulher, Maurice 567 N.W. 133rd St Miami, FL 33168

#### 10 OCT 18 AM 8: 25

#### ARTICLE V – INCORPORATOR

SECRETARY OF STATE The name and address of the incorporator to these Articles of Incorporation is SEE FLORIDA

Mulher, Maurice 567 N.W. 133 S

The undersigned incorporator has executed these Articles of Incorporation this day of Actober 20 0.

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Maurice Mulher 567 N.W. 1338+ Miami FL 33168 Carmen R. Lopez 8111 N.E. Miamitet. Miamite *3*3138

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

eistered Agent Signature