Certificate of Limited Partnership

A17000000392
FILED
August 24, 2017
Sec. Of State
ncausseaux

Name of Limited Partnership:

HELP[FULL HANDS, LP

Street Address of Limited Partnership:

3004 SE RIVER TERRACE
STUART, FL. US 34996

Mailing Address of Limited Partnership:

3004 SE RIVER TERRACE
STUART, FL. US 34996

The name and Florida street address of the registered agent is:

JEROME E KRESS
3004 SE RIVER TERRACE
STUART, FL. 34996

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: JEROME E KRESS

The name and address of all general partners are:

Title: G
TREVER ASHWORTH
3004 SE RIVER TERRACE
STUART, FL. 34996 US

Signed this Twenty Fourth day of August, 2017

I (we) declare the I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: TREVER ASHWORTH

The individual(s) signing this document affirm(s) that the facts stated herein are true and the individual(s) is/are aware that 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.