

FO3 0000002071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

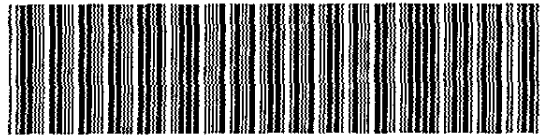
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FO3-2071
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Office of Overseas and His Successors A Corporation Sole
(Name of Corporation - must include suffix) For Helping Hands Foundation

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Kevin M. Moore
(Name of Person)

(Firm/Company)

12915 Forest Hills Dr.
(Address)

Tampa, FL 33612
(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Moore at (813) 936-7165
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 17, 2003

KEVIN MOORE
12915 FOREST HILLS DRIVE
TAMPA, FL 33612

SUBJECT: OFFICE OF OVERSEER AND HIS SUCCESSORS, A
CORPORATION SOLE FOR HELPING HANDS FOUNDATION
Ref. Number: W03000007503

We have received your document for OFFICE OF OVERSEER AND HIS SUCCESSORS, A CORPORATION SOLE FOR HELPING HANDS FOUNDATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 703A00016385

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**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. Office Of Overseer and His Successors Allocation Sd for Help and Hands Foundation
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import
in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at
present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Nevada 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/15/02 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 12915 Forest Hills Dr. Tampa FL 33612
(Principal office address)

SAME
(Current mailing address)

8. Affordable Housing Provider
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Kevin Moore

Office Address: 12915 Forest Hills Dr


Tampa
(City)

Florida

33612
(Zip Code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place
designated in this application, 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 relative to the proper and complete performance of my
duties, and I am familiar with and accept the obligations of my position as registered agent.*


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to
the Department of State, by the Secretary of State or other official having custody of corporate records in the
jurisdiction under the law of which it is incorporated.

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FLORIDA

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Kevin Moore

Address: 12915 Forest Hills Dr.
Tampa, FL 33612

Vice Chairman: Kevin Moore

Address: SAME

Director: Kevin Moore

Address: SAME

Director: Kevin Moore

Address: SAME

B. OFFICERS

President: Kevin Moore

Address: SAME

Vice President: Kevin Moore

Address: SAME

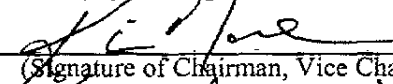
Secretary: Kevin Moore

Address: SAME

Treasurer: Kevin Moore

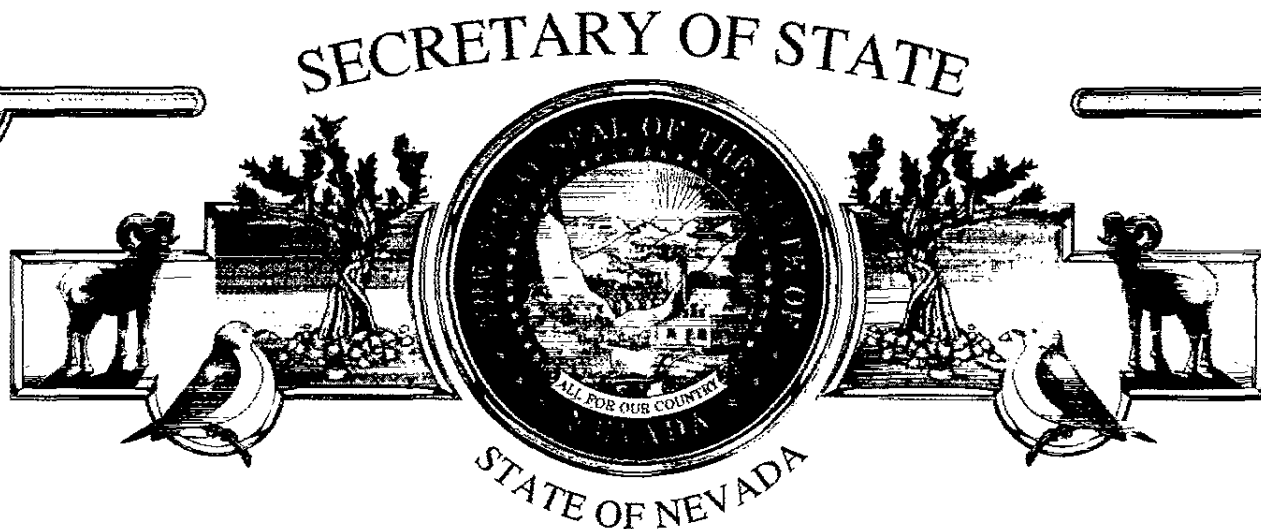
Address: SAME

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kevin Moore Foundation Overseer
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **OFFICE OF OVERSEER AND HIS SUCCESSORS, A CORPORATION SOLE FOR HELPING HANDS FOUNDATION**, as a corporation sole duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since **November 15, 2002**, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on April 17, 2003.



Dean Heller

DEAN HELLER
Secretary of State

By *Will Sedwasing*
Certification Clerk