

F 11000004358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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W11000053518



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DIVISION OF CORPORATIONS
2011 OCT 28 PM 4:17

for 10/31/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Helping Hands Corp.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Natalia Ferrer
Name of Person

Helping Hands Corp.
Firm/Company

3120 Ohio Street
Address

Miami, FL 33133
City/State and Zip code

natalia@helpinghands-pr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalia Ferrer at (787) 504-1440
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 OCT 28 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 18, 2011

NATALIA FERRER
3120 OHIO STREET
MIAMI, FL 33133

SUBJECT: HELPING HANDS CORP.
Ref. Number: W11000053518

We have received your document for HELPING HANDS CORP. 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 name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return the corrected 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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 311A00023874

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. HELPING HANDS CORP.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

HELPING HANDS PHILANTHROPIC CONSULTING CORP.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Puerto Rico

(State or country under the law of which it is incorporated)

3. 66-0709155

(FEI number, if applicable)

4. March 5, 2008

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3120 Ohio Street Miami FL 33133

(Principal office address)

same

(Current mailing address)

8. Philanthropic Consulting Firm

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name:

Natalia Feener

Office Address:

3120 Ohio Street

Miami

(City)

_____, Florida 33133

(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.

Natalia Feener

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

A. DIRECTORS

Chairman: Natalia Ferrer

Address: 3120 Ohio Street
Miami FL 33133

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Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Natalia Ferrer

Address: 3120 Ohio Street
Miami FL 33133

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Natalia Ferrer

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is 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.

14. Natalia Ferrer

(Typed or printed name and capacity of person signing application)



Government of Puerto Rico
DEPARTMENT OF STATE
San Juan, Puerto Rico

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CERTIFICATE OF EXISTENCE

I, **KENNETH D. McCLINTOCK**, Secretary of State of the Government of Puerto Rico,

CERTIFY: That, according to our records "**HELPING HANDS CORP.**", registration number **179462**, a **Profit** corporation organized in accordance to the laws of Puerto Rico on **March 5, 2008**, at **1:28 PM**.

This certification does not imply that this corporation has filed the annual reports, pursuant to the requirement of Article 15.03 of the General Corporation Act. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.

IN WITNESS WHEREOF, I hereby sign and cause the Great Seal of the Commonwealth of Puerto Rico to be affixed on it, in the city of San Juan, today, October 7, 2011.

A handwritten signature in black ink, reading "Kenneth D. McClintock".

KENNETH D. McCLINTOCK
Secretary of State



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DIVISION OF CORPORATE
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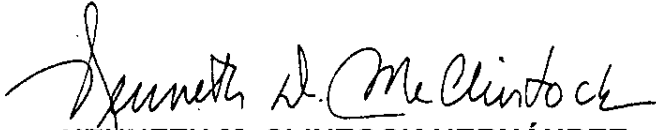
Gobierno de Puerto Rico
DEPARTAMENTO DE ESTADO
San Juan, Puerto Rico

CERTIFICADO DE CUMPLIMIENTO ("GOOD STANDING")

Yo, **KENNETH McCLINTOCK HERNÁNDEZ**, Secretario de Estado del Gobierno de Puerto Rico,

CERTIFICO: Que, a tenor con las disposiciones del Artículo 15.01 de la Ley General de Corporaciones de 2009, "**HELPING HANDS CORP.**", registro **179462** una corporación con fines de lucro organizada bajo las leyes de Puerto Rico ha cumplido con la radicación de Informes Anuales.

EN TESTIMONIO DE LO CUAL, firmo la presente y hago estampar en ella el Gran Sello del Estado Libre Asociado de Puerto Rico, en la ciudad de San Juan, hoy 5 de octubre de 2011.


KENNETH McCLINTOCK HERNÁNDEZ
Secretario de Estado