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(Re	equestor's Name)	
(Ad	Idress)	
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PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO:	Registrat Division		tion porations					
SUBJ	ECT:			НЕГРАМЕР	RICA INC.			
., 0 130			Nam	e of Corporat	ion – must	include suffix		-
Dear S	ir or Mada	ım:						
Affairs	s in Florida	a", "Cert	ificate of Ex	istence", or "	Certificate o		zation to Conduct its heck are submitted to n Florida.	
Please	return all	correspo	ndence conc	erning this m	atter to the	following:		
				Name	of Person			
				Sherv	vin Wells			
	_			Firm/	Company	<u> </u>		
	HELPAMERICA INC.						~``	
	10816 Badger Drive					72 - 1		
	_			A	Idress			:
				Gaithers	burg MD 20	879		
	_			City/State	and Zip Co	de		:
				ihelpamer	ica@gmail.c	om		77. 73
		Ē-ma	iil address: (to be used for	future anni	ial report notifi	cation)	(L)
For fu	rther infor	mation c	oncerning th	is matter, ple	ase call:			
		Sherwin	Wells	at	240	483-5057		
		Name of	Person		Area Code	Daytime T	elephone Number	-
	Mailing A Registra Division P.O. Bo Tallahas	ition Sec 1 of Cor x 6327	porations		Regi Divi: The 2415	t Address: stration Sectio sion of Corpoi Centre of Tall N. Monroe S thassee, FL 32	rations ahassee treet. Suite 810	
Please		payable	□\$78.75 Fi	A DEPARTM	□ \$7 8.75	ATE Filing Fee & ified Copy	≡\$87.50 Filing Certificate Certified C	of Status &

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:

	RICA INC.		
H name unavadable in		te name adopted for the purpose of transactin	g business in Florida)
MARYI	.AND	3. 75-2982958	
		3. 75-2982958 (FEI number, if applic	
02/12/20	02	5. Perpetual (Date of duration, if other	
(Date of In	(corporation)	(Date of duration, if other	than perpetual)
Not Appl	icable		
Date first conducted affa	airs in Florida if prior to registrati	on. See sections 617.1501 & 617.1502, F.S. to	determine penalty liability
		Drive Gaithersburg MD 20879	
 =	_	pal office street address)	·
	/Current n	and have all different	
	(Current ii	nailing address, if different)	- -
			<u>. </u>
A non-pro	ofit 501C3 tax exempt organizat	tion that is charitable, religious, and educatio country to be carried out in the state of Florid	nal.
rurpose(s) of corporati	on authorized in nome state or c	country to be carried out in the state of Florid	a)
Name and street addr	ess of Florida registered ager	nt: (P.O. Box NOT acceptable)	. <i>p</i>
	_	•	
Name: Kenwin Hunte		Cenwin Hunte	- 1 · 3
Name:	Name:		
	20		
Name:			
		, Florida	

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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

Chairman	Sherwin Wells Name:	□Chai rm an	Name: Kenwin Hunte	:
□Vice Chairman	10816 Badger Drive	□Vice Chairman	Address:2601 Laurel Ro	oad
Director	Gaithersburg MD 20879	■ Director	Deland FL 327	24
■ President		□President		
□Vice President		□Vice President		
□Secretary	Treasurer	☐ Secretary	☐Treasurer	
□Other:	Other:	□Other:	Other:	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		<u>5-1</u>
☐ Secretary	□Treasurer	□ Secretary	□Treasurer	
□Other:	☐ Other:	Other:	□Other:	1
□ Chairman	Name:	□Chairman	Name:	[T 78
□Vice Chairman	Address:	□Vice Chairman	Address:	\$
Director		□ Director		
□President		□President		
□Vice President		□Vice President		. ,
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other:	☐ Other:	Other:	□Other:	
Non-indexed indi	nt Notice: Use an attachment to report more that viduals may be added to the index when filing your will (Signature of Chairman, Vice Chairman, or an	your Florida Department o	f State Annual Report form.	urposes only.
	Chamain Walle D		(2 of the application)	
14.	(Typed or printed name and capacity)	of person signing applicati	on)	

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

LFURTHER CERTIFY THAT HELPAMERICA INC. (D06663355), INCORPORATED FEBRUARY 12, 2002, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED. HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 21, 2020.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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