

L11000060926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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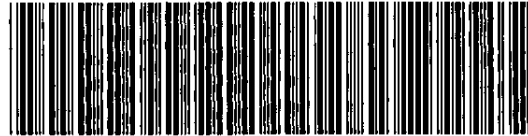
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/23/11--01024--016 **160.00

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CLERK OF COURT
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 24 2011

EXAMINER

EFFECTIVE DATE 5/18/11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bridging the GAP With Helping Hands LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EVA GRIMES

Name of Person

-

Firm/Company

13450 Silver Creek

Address

Riverview FL. 33579

City/State and Zip Code

KAPPA.30 HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Campbell III

Name of Person

at (813) 325-6800

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street/Courier Address

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bridging the Gap with Helping HANDS LLC.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

13450 Silvercreek
Riverview FL
33579

Mailing Address:

13450 Silvercreek
Riverview FL
33579

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

EVA Grimes
Name
13450 SilverCreek
Florida street address (P.O. Box **NOT** acceptable)
Riverview FL 33579
City, State, and Zip

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MILWAUKEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Eva Grimes
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 5/18/11

(A)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

CEO (MGR)

William Oliver Campbell
2020 W. BRANDON BLVD #105
Brandon FL 33511

Pres. (MGRM)

Sylvia Rosas-Bocerra
2020 W. Brandon Blvd #105
Brandon FL

Sr. VP. OPns. (MGRM)

EVA Grimes
13450 Silver Creek
River View FL 33579

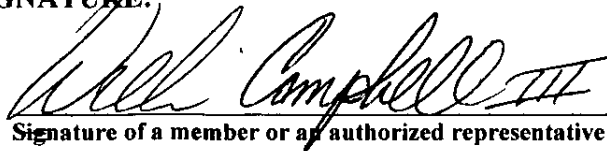
SVP. Treas. (MGRM)

Alicia Spivey
13450 Silver Creek
River View FL 33579

(Use attachment if necessary) (A+B)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

William Campbell III

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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DEPT OF STATE
TALLAHASSEE, FLORIDA

(B)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Sr. VP. MKT. (MGRM)

VP. Sales (MGRM)

Name and Address:

DAVID ROSAS
13450 Silver Creek
River View Fl. 33579

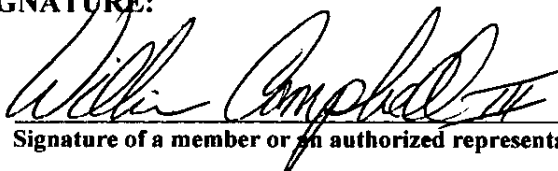
Alan Campbell
13450 Silver Creek
River View Fl. 33579

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/18/2011 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

William Campbell III

Typed or printed name of signee

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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