

L/15000112524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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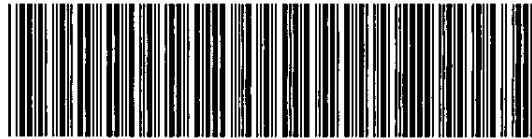
(Business Entity Name)

(Document Number)

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APPROVAL
AND
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15 JUN 29 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Helping Hands Academy: An Alternative
Name of Limited Liability Company Solution

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

Please return all correspondence concerning this matter to the following:

Artonya M. Dean McNeally
Name of Person

Helping Hands Academy: An Alternative
Firm/Company Solution

11700 Deer Path Wy., #
Address

Orlando, FL. 32832
City/State and Zip Code

artonyamcneally@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Artonya McNeally at 321 230-2220
Name of Person 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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

15 JUN 29 PM 1:36

ARTICLE I - Name:

The name of the Limited Liability Company is:

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TALLAHASSEE, FLORIDA

Helping Hands Academy: An Alternative Solution, 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:

11700 Deer Path Way
Orlando, FL 32832

Mailing Address:

11700 Deer Path Way
Orlando, FL 32832

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:

Artonya McNeally
Name
11700 Deer Path Way
Florida street address (P.O. Box **NOT** acceptable)
Orlando FL 32832
City Zip

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 605, F.S..

Artonya M. McNeally
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

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Title:

"AMBR" = Authorized Member

"MGR" = Manager

"MGR"

"AMBR"

"AMBR"

"AMBR"

Name and Address:

Lillian Dean
5780 Mifflin Ave.
Pensacola, FL 32526

Emma J. Dean
1371 Portland St.
Pensacola, FL 32

Chloe A. McNeally
11700 Deer Path Wy.
Orlando, FL 32832

Ethan J. McNeally
11700 Deer Path Wy.
Orlando, FL 32832

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1) (b), 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.)

Artonya M. McNeally

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)