6/9/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000173755 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

2396574278

Fax Number : (850)617-6381

From:

Account Name : THOMAS K. BOARDMAN, P.A.

Account Number : 102350003270 Phone : (863)674-1027 Fax Number : (863)674-1029

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: tonypate109@hotmail.com

FLORIDA LIMITED LIABILITY CO.

HELPING HAND OF FLORIDA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Ċ.

H20000173755 3

ARTICLES OF ORGANIZATION

OF

HELPING HAND OF FLORIDA, LLC

The undersigned member desires to form a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

CHARTER

ARTICLE I

NAME

The name of the limited liability company shall be HELPING HAND OF FLORIDA, LLC.

ARTICLE II

The street address of the principal office of this limited liability company and the mailing address shall be 101 S 7th Street, Immokalee, Florida 34142.

ARTICLE III

DURATION

This limited liability company shall exist until June 30, 2050, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

THIS DOCUMENT PREPARED BY: Thomas K. Boardman THOMAS K. BOARDMAN, P.A. P.O. Box 2197 LaBelle, Florida 33975 (863) 674-1027 Florida Bar No. 103581

H20000173755 3

ARTICLE IV

MANAGEMENT

This limited liability company shall be managed by one of its members. The name and address of the Authorized Member is as follows:

Thakorbhai D. Patel 101 S 7th St. Immokalee, Florida 34142

2396574278

ARTICLE V

RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members by majority consent or as otherwise provided by the Operating Agreement. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

ARTICLE VI

MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.

Executed by the undersigned at LaBelle, Florida, on June 9. 2020.

Marin D Ratel

STATE OF FLORIDA COUNTY OF HENDRY

The foregoing instrument was sworn to and acknowledged before me by means of physical presence or online notarization, this 4 day of June, 2020, by THAKORBHAI D. PATEL, who is Apersonally known to me or \(\square\) who has produced ____ as identification.

KERENSA M, CLARK Notary Public - State of Florida Commission # FF 905208 My Comm. Expires Aug 14, 2020 Bondod through National Notary Assn. D

H20000173755 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is HELPING HAND OF FLORIDA, LLC
- 2. The name and address of the registered agent and office is:

THAKORBHAI D. PATEL

(Name)

101 S 7th St. (P.O. Box not acceptable)

Immokalee, Florida 34142 (City/State/Zipcode)

Having been named as registered agent and to accept service of process for the above state corporation 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.

There 2 Patel (Signature)

(Date)

850-617-6381

6/10/2020 9:44:41 AM PAGE 1/001 Fax Server



June 10, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THOMAS K. BOARDMAN, P.A.

SUBJECT: EELPING HAND, LLC

REF: W20000057829

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L05000096517.

If you have any further questions concerning your document, please call (850) 245-6052.

FAX Aud. #: #20000173755

Letter Number: 520A00011407

Derrick Thompson Regulatory Specialist II New Filing Section