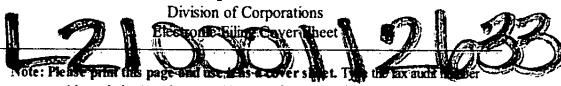
3/18/2021

Division of Corporations

Florida Department of State



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From:

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Account Number : I20210000002 Phone : (561)345-2416 Fax Number : (561)907-4965

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## FLORIDA LIMITED LIABILITY CO. HELPFULL APPS, LLC

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## **COVER LETTER**

	New Filing Sec Division of Cor						
SUBJEC		L APPS, LLC					
3000		Name of	Limited Liabi	lity Company			
The encl	osed Articles of	Organization and fee(s)	are submitte	d for filing.			
Please re	turn all correspo	ondence concerning this	matter to the	following:			
	DAVID BA	TCHELOR					
			Name o	f Person		_	
	PURECREA	ATTONS, INC.					
			Firm/C	ompany			
	5500 N. MI	LITARY TRAIL, SUIT	E 22-102				
			Add	ress		_	
	JUPITER, F	L 33458					
	DRATCUEL	OD GONTINETE! EC	•	nd Zip Code		—	
		OR@ONTIMETELECO E-mail address: (to be us		annual report notificati	on)	_	
For furthe	r information co	noerning this matter, pla	ease call:				
	DAVID BA		<b>56</b> 1	575-0037			
	Nan	e of Person		Daytime Telephone	Number		
Enclosed	is a check for t	he following amount:					
□\$125.	00 Filing Fee	☐\$130.00 Filing Fee Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	Cl\$160.00 Filing For Certificate of Status Certified Copy (additional copy is encoded)	& 200	<del>-</del> ;
	New F Divisi P.O. E	ng Address Filing Section on of Corporations lox 6327 cassee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	ssee rt, Suite 810	18 PH 1: 30	11 10 0

ARTICLE I - Name: The name of the Limited Liability				
HELPFULL APPS, (Must con	LLU tain the words "Limited Li	ability Company, '	'L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address:				
The mailing address and street a	socress of the principal off	ice of the Limited	Liability Company is.	
Princip	oal Office Address:		Mailing Address:	
5500 N. MILITARY	TRAIL	5500	N. MILITARY TRAIL	
SUITE 22-102			E 22-102	
JUPITER, FL 3345	8	<u>JUPI</u>	TER, FL 33458	
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its own F active Florida registration	tegistered Agent. \ .)		lual or
(The Limited Liability Company	y cannot serve as its own F active Florida registration address of the registered a PURECREATIONS, I	Registered Agent. \ .) agent are: NC.		dual or
(The Limited Liability Company another business entity with an	y cannot serve as its own F active Florida registration address of the registered a PURECREATIONS, I	Registered Agent. \ .) agent are:		lual or
(The Limited Liability Company another business entity with an	y cannot serve as its own F active Florida registration address of the registered a PURECREATIONS, I	Registered Agent. \ .) agent are: NC. Name	ou must designate an individ	lual or
(The Limited Liability Company another business entity with an	y cannot serve as its own F active Florida registration address of the registered a PURECREATIONS, I	Registered Agent. \ 1.)  Agent are:  NC.  Name  TRAIL, SUITE 22.	ou must designate an individ	lual or
(The Limited Liability Company another business entity with an	y cannot serve as its own F active Florida registration address of the registered a PURECREATIONS, I	Registered Agent. \ 1.)  Agent are:  NC.  Name  TRAIL, SUITE 22.	ou must designate an individ	lual or
(The Limited Liability Company another business entity with an	y cannot serve as its own F active Florida registration address of the registered a PURECREATIONS, I 5500 N. MILITARY 1 Florida street address	tegistered Agent. \ .) agent are: NC. Name TRAIL, SUITE 22- (P.O. Box NOT ac	ou must designate an individ	lual or

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Title: "AMBR" = Auth "MGR" = Mana <sub>l</sub>		ı	Name and Addr	ESS:			
AMBR		5500	CREATIONS, I N. MILITARY I ER, FL 33458	NC. RAIL, SUITE	22-102		•
							•
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							•
(Use attachment	if necessary)			· · · · · · · · · · · · · · · · · · ·			•
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