

L24000176692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

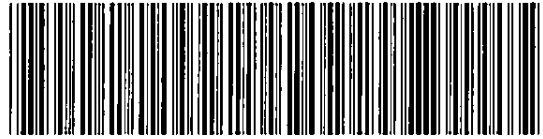
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/06/24--01018--007 \*\*130.00

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2024 APR -8 PM 6:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T.S.H  
4/18/24

NK

# Mona's Helping Hands, LLC.

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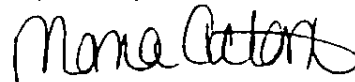
## Contact

1608 Parabela Pl  
Jacksonville, FL 32221  
512-749-3785  
monahelpinghand@gmail.com

Dear Department of State,

Please find enclosed my **Articles of Incorporation** to create my LLC along with a check to cover the filing fee and a certificate of status.

Respectfully,

A handwritten signature in black ink that reads "Mona Acton". The signature is fluid and cursive, with the first name "Mona" being more prominent than the last name "Acton".

Mona Acton

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Mona's 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:

Mona Acton  
Name of Person

Mona's Helping Hands, LLC.  
Firm/Company

1608 Parabela Pl  
Address

Jacksonville, Florida 32221  
City/State and Zip Code

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

For further information concerning this matter, please call:

Mona Acton      512      749-3785  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|---|---|--|

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRET  
STATE  
FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mona's Helping Hands, LLC.

(Must contain 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:

1608 Paradela Pl  
Jacksonville, FL 32221

Mailing Address:

1608 Paradela Pl  
Jacksonville, FL 32221

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:

Mona Acton

Name

1608 Paradela Pl

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville

Florida

32221

City

State

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.*

Mona Acton

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

Mona Acton-AMBR

1608 Parabela Pl  
Jacksonville, Florida 32221

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Mona Acton

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)

2009 APR -09 PM 5:07  
SECRETARY OF STATE  
FLORIDA

FILED