

1800000006260

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

500003373535--3
-08/25/00--01054--017
*****78.75 *****78.75

SUBJECT: Helping Hand Assisted Home Care, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Michelle Farmer
Name (Printed or typed)

1802 E Osborne Ave
Address

Tampa FL 33610
City, State & Zip

(813) 238-6561
Daytime Telephone number

FILED
00 SEP 20 PM 4: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

9-20
21335
WC



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 30, 2000

MICHELLE FARMER
1802 E. OSBORNE AVE.
TAMPA, FL 33610

SUBJECT: HELPING HAND ASSISTED HOME CARE, INC.
Ref. Number: W00000021335

We have received your document for HELPING HAND ASSISTED HOME CARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6995.

Wanda Cunningham
Document Specialist

Letter Number: 200A00046389

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

Helping Hands Assisted Care Inc.,

~~Helping Hand Assisted Home Care, Inc.,~~

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1802 E Osborne AVE
Tampa FL 33610

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

To care for clients with developmental disabilities.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

As stated in the By-laws

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michelle Farmer
1802 E. Osborne Ave.
Tampa, FL 33610

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Michelle Farmer
1802 E Osborne AVE Tampa FL 33610

Michelle Farmer

Signature/Incorporator

7/25/00

Date

(An additional article must be added if an effective date is requested.)

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

Michelle Farmer

Signature/Registered Agent

7/25/00

Date

FILED
00 SEP 20 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA