

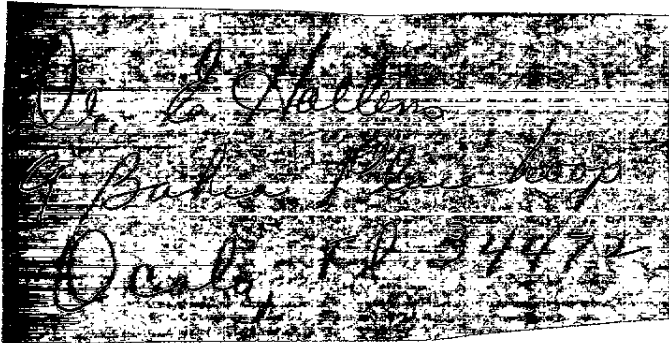
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Requester's Name

Address

City/State/Zip

Phone #



Office Use Only

NUMBER(S), (if known):

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. _____
(Corporation Name)

(Document #)

3. _____
(Corporation Name)

(Document #)

4. _____
(Corporation Name)

(Document #)

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Rec'd 9-25-00

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

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OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

F. CHESSTN SEP 26 2000

Examiner's Initials

ARTICLES OF INCORPORATION
NON-PROFIT

OF

HELPING HAND COMMUNITY OUTREACH OF NORTH DADE, INC.

The undersigned, for the purpose of forming a Non-profit Corporation pursuant to Florida law, Section 617 hereby certifies as follows:

ARTICLE I
NAME

The name of this Corporation Not For Profit shall be:

HELPING HAND COMMUNITY OUTREACH OF NORTH DADE, INC.

ARTICLE II
PURPOSE

The purpose for which the corporation called HELPING HAND COMMUNITY OUTREACH OF NORTH DADE, INC., is organized are exclusively religious, charitable, scientific, literary and educational within the meaning of section 501 (C) (3) of the Internal Revenue Code or the corresponding provision of any future United States Internal Revenue Law.

ARTICLE III
OBJECTIVE

To promote and provide care and resource information for Low income housing, emergency housing, elderly care and services available, youth programs, addictions services, counseling information and care, child care, battered and abusive program, feeding program, medical care resources and information, and any other program that promotes to help better mankind.

ARTICLE IV
TERM OF EXISTENCE

This corporation shall have perpetual existence.

ARTICLE V
LOCATION

The principal office of the Corporation in the State of Florida is located:

5045 N. W. 196 TERR.
MIAMI, FLORIDA 33056

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI
SUBSCRIBER AND REGISTERED AGENT

The name and address of the Subscriber and Registered Agent to these Articles is:

Martha L. Williams
5045 N. W. 196 Terr.
Miami, Florida 33056

ARTICLE VII
DIRECTOR

The Directors of this Corporation shall be:

Director: Martha L. Williams
5045 N. W. 196 Terr.
Miami, Florida 33056

Director: C. W. Williams
5045 N. W. 196 Terr.
Miami, Florida 33056

Director: Yolanda Stephens
19221 N. W. 36 Avenue
Miami, Fl 33056

Director: Louise Lewis
301 N. E. 62 Street
Miami, Florida 33138

Director: Estella Hollins
9 Bahia Place Loop
Ocala, Florida 34472

ARTICLE VIII
MANAGEMENT

The daily affairs of the Corporation are to be managed by the President, or a person designated to assist in the management of the corporation.

ARTICLE IX
DIRECTOR

The Board of Directors shall be composed of not less than (3) members. The Board of Advisors shall be elected by the Board of Directors and members. The Board of Directors shall also prepare a set of by-laws for the corporation. The Board of Director shall be voted upon after each term after the initial appointing of the Directors by the Founder and/or President.

ARTICLE X

The County in the State of Florida where the principal office and registered agent for the transaction of the activities of the corporation is located in *Dade* County.

ARTICLE XI

The property of this corporation is irrevocably dedicated to the charitable purpose and no part of the net income or assets of this organization shall ever inure to the benefits of any private person. Upon dissolution of the organization assets shall be distributed for one or more exempt purposes within the meaning of section 501 (C) (3) if the Internal Revenue Code or corresponding section of any future federal tax code, or shall be distributed to the Federal, State or local government for public purposes. Any such assets not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for which purposes.

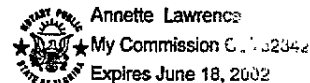
Martha L. Williams
Subscriber and Registered Agent

State of Florida }
 SS
County of }

BEFORE ME, The undersigned authority, personally appeared who is well known to me to the person described herein who subscribes to the above Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal in *Miami*, Florida, County of *Dade*, this *1st* day of *March* 199-
2000.

Annette Lawrence
Notary Public, State of Florida
Commission Expires:



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent, in the State of Florida.

1. The name of the corporation is Helping Hand
Community Outreach of North Dade, Inc.

2. The name and address of the registered agent and office is:

MARtha L. Williams
(NAME)

5045 N. W. 196 Terr.
(ADDRESS - P. O. BOX NOT ACCEPTABLE)

Miami, FL 33056
(CITY/STATE ZIP)

SIGNATURE Martha L. Williams

TITLE President

DATE 3/1/2000

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND FURTHER AGREE TO COMPLY WITH PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETED PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE Martha L. Williams

DATE 3/1/2000

STATE OF FLORIDA
COUNTY OF Dade

Annette Lawrence
NOTARY PUBLIC



Annette Lawrence
My Commission CC752342
Expires June 18, 2002

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