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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 01 JUN 13 PM 12: 04

SECRETARY OF STATE TALLAHASSEE FLORIDA

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SUBJECT:	Z He/Pin6 F (PROPOSED CORPORATI	AM; LY CORP ENAME-MUST INCLUS	ORATÍON DE SUFFIX)	
		, we consider the second	2009043 -05/31/61 ******70.	36182 -01067-006 00 *****70.00
Enclosed is an original a	and one (1) copy of the artic	les of incorporation and a	check for:	1
\$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 CO	PY REQUIRED	
FROM: 5/01 seled advised te articles must be empletely fulle door	* Leyanis Name (Pri So 40 N·W 7 Ad MAMi F/ City, S 205-444-4 Daytime Te E: Please provide the ori	STREET ddress 33126 state & Zip	he articles.	1266 1266
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 6, 2001

LEYANIS CRUZ 5040 NW 7TH ST SUITE # 615 MIAMI, FL 33126

SUBJECT: CRUZ HELPING FAMILY CORPORATION

Ref. Number: W01000012888

We have received your document for CRUZ HELPING FAMILY CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) A complete application is required to register a corporation..

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) 487-6933.

Dale White Document Specialist New Filings Section

Letter Number: 601A00034526

ARTICLES OF INCORPORATION In Compliance with Chapter 617, F.S., (Not for Profit) ARTICLE I *NAME* The name of the corporation shall be: 01 JUN 13 PM 12: 04 HelPing Family Corporation SECRETARY OF STATE TALLAHASSEE FLORIDA ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 5040 N.W 7 STREET # 615 MIAMI F/ 33126 ARTICLE III PURPOSE The purpose for which the corporation is organized is: which I giving Assistant To Business Pamily who needs it like 1st month Rent, Late Bill Payed Baby's who need to get out or a hospital and need a phone ARTICLE IV MANNER OF ELECTION so we provide the prone deposit for The manner in which the directors are elected or appointed: a monitor of breathing ARTICLE V INITIAL DIRECTORS/OFFICERS The name and addresses: Levanis 6445 WEST 24 AUE # 46 Hialech 15/ 33016 Hinleah Florida 33016 ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the registered agent is: Levanis 24 AUE # 46

6445 WEST 24 AVE #46

Hinleah Florida 33016

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, i am jamiliar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

JORGE LUS DELESCUEZ 6/09/01

Date

The name and address of the Incorporator is:

CRUZ

Jonge Luis Velasquez