

NO1000008377

TRANSMITTAL LETTER

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01 NOV 29 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT:

Helping Hands Foundation of Jacksonville
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Inc.

200004699322--4
-11/30/01--01016--001
*****78.75 *****78.75

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

RECEIVED

01 NOV 29 PM 4:34

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FROM:

Olivia A. Preston

Name (Printed or typed)

1153-A Woodchase Lane

Address

Chesterfield, MO 63017

City, State & Zip

(314) 439-5005 or (877) 465-8503

Daytime Telephone number

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

[Signature] 11/29

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Helping Hands Foundation of Jacksonville Inc.

ARTICLE II PRINCIPAL OFFICE

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

PO Box 16185 Jacksonville, FL 32245
5755 County Rd 1209 South
Green Cove Springs, FL 32043

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Help Abused Youth that have
Mental Disorders

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Within our Bylaws

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

- (1) Olivia A. Preston President P.O. Box 16185 Jacksonville, FL 32245
(1) Crawford Jones CEO/VICE PRESIDENT P.O. Box 16185 Jacksonville, FL 32245
(1) Claude Perry Secretary Treasurer 1153-A Woodchase Lane
Chesterfield, MO 63017

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Olivia A. Preston
5755 County Rd / CR 209 South
Green Cove Springs, FL 32043

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Olivia A. Preston
5755 County Rd / CR 209 South
Green Cove Springs, FL 32043

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 familiar with and accept the appointment as registered agent and agree to act in this capacity.

Olivia A. Preston
Signature/Registered Agent

11/29/11
Date

Olivia A. Preston
Signature/Incorporator

11/29/11
Date

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