

Noticed 08879

OFFICE USE ONLY (Requestor's Name)

EXPRESS CORPORATE FILING SERVICE INC.

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101

(Address)

CORAL GABLES, FL 33134 305-444-4994

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Help for the Disable National Foundation
(Corporation Name) (Document #) *INSC*

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #) *300004734833-10*
-12/21/01 -01001-010
******78.75 *****78.75*

- ☐ Walk in ☒ Pick up time ☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certified Copy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED RECEIVED
01 DEC 20 PM 3:03
01 DEC 20 PM 2:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

12/20

Examiner's Initials

ARTICLES OF INCORPORATION

In compliance with Chapter 617, Fla. State. (Not for Profit)

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TALLAHASSEE FLORIDA

ARTICLE I – NAME

The name of the corporation shall be:

Help For The Disable National Foundation, Inc

ARTICLE II - PRINCIPAL OFFICE

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

**15840 SW 151 Terr
Miami, Fl 33196**

ARTICLE III – PURPOSE

The purpose for which the corporation is organized is:

**Is to help those who are in need of health care and supplies such as
medicines, wheelchairs, prothesis, ect .**

ARTICLE IV – MANNER OF ELECTION

The manner in which the directors are elected or appointed:

On an annual basis by majority vote. By Minutes and By – Laws.

ARTICLE V – INITIAL DIRECTORS / OFFICERS

The name and addresses:

**President: Hernando Miranda
 15840 SW 151 TERR
 Miami, FL 33196**

ARTICLE VI – INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**Hernando Miranda
15840 SW 151 TERR
Miami, FL 33196**

ARTICLE VII – INCORPORATOR

The name and address of the Incorporator is:

Hernando Miranda
15840 SW 151 TERR
Miami, FL 33196

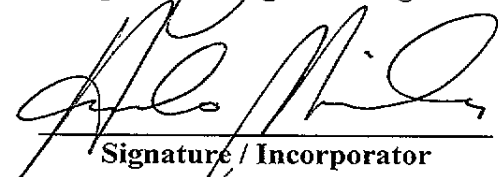
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature / Registered Agent

12/18/01
Date



Signature / Incorporator

12/18/01
Date

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01 DEC 20 PM 3:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA