

# NO20000004427

## TRANSMITTAL LETTER

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

SUBJECT: Helping Animals and People, 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:

Marrin A. Cox  
Name (Printed or typed)

800005728248--7  
-06/10/02--01043--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

244 SR 21 N  
Address

Hawthorne, FL 32640  
City, State & Zip

352-481-2711  
Daytime Telephone number

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

FILED  
02 JUN 10 AM 8:52  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Bm 6/11

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

*Helping Animals and People, Inc.*

## ARTICLE II PRINCIPAL OFFICE

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

*Marvin A. Cox  
244 SR 21 N  
Hawthorne, FL 32640*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Helping animals and people. Food & other help  
for both.*

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

*Appointed by president or vice-president  
Jan 1 of each year.*

## ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*Marvin A. Cox  
244 SR 21 N  
Hawthorne, FL 32640*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Marvin A. Cox  
244 SR 21 N  
Hawthorne, FL 32640*

\*\*\*\*\*  
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.

*Marvin A. Cox*  
Signature/Registered Agent *Marvin A. Cox*

*6-1-02*  
Date

*Marvin A. Cox*  
Signature/Incorporator *Marvin A. Cox*

*6-1-02*  
Date

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STATE  
TALLAHASSEE, FLORIDA