

NO 30000000 726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

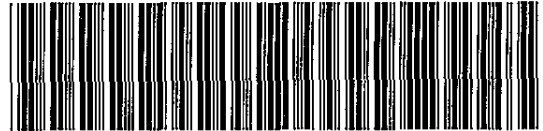
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Certified Copies _____

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STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 JAN 29 PM 12:20

RECEIVED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN 29 PM 12:23

TRANSMITTAL LETTER

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

SUBJECT: The Lend A Hand Foundation 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: Garrod S. Mocombe Sr.
Name (Printed or typed)

1141 Ocala RD (Tallah)
Address

Tallahassee FL 32304
City, State & Zip

850-575-5309
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

The Lend A Hand Foundation, Inc

ARTICLE II PRINCIPAL OFFICE

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

1141 Ocala RD, Tallahassee, FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Our Mission is to help America's Families reach their Financial, Educational, and Social goals, by providing them with financial assistance while the parent or parents attend college or Vocational School.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: *By the Incorporator*

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:

Garood S. Mozombe Sr.
1141 Ocala RD, Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Garood S. Mozombe Sr.
1141 Ocala RD
Tallahassee FL 32304

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.

Garood S. Mozombe Sr.

Signature/Registered Agent

1/29/03

Date

Garood S. Mozombe Sr.

Signature/Incorporator

1/29/03

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN 29 PM 12:23