

No3000003213

(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

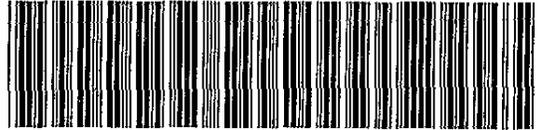
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02/27/03--01068--013 **78.75

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03 APR 14 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W03-587

g2/bs



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 28, 2003

HELPING HAND, INC.
900 WILSON RIDGE, APT. #1603
ORLANDO, FL 32818

SUBJECT: HELPING HAND, INC.
Ref. Number: W03000005873

We have received your document for HELPING HAND, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6878.

Alan Crum
Document Specialist
New Filing Section

Letter Number: 803A00012910

HELPFUL HAND HOMECARE, INC.

900 Wilson Ridge Apartments #1603
Orlando FL 32818
Tel: 407-298-9612

Divison Of Corporation
PO Box 6327
Tallahassee, FL 32314

Attn: New Filing Section

Dear Sir/Madam:

We the several persons whose names and addresses are set forth herein, desirous of forming ourselves into a corporation not for profit by the name of HELPFUL HAND HOMECARE, INC.. incorporated under the laws of the State of Florida, DO HEREBY APPLY to be incorporated by the name of Helping Hand, Inc.

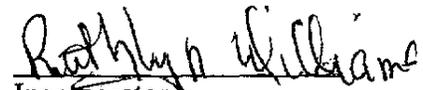
And:

In support of hereof, we submit the following:

1. Three (3) copies of the Articles of Association. Please return stamped copies.
2. Filing fees in the amount of \$78.75

Sincerely,


Incorporator


Incorporator

ARTICLES OF INCORPORATION
OF
HELPFUL HAND HOMECARE, INC.

WE, the undersigned, residents of the State of Florida, pursuant to Chapter 617 Florida Statutes, have associated ourselves together and hereby associate ourselves together for the purpose of becoming incorporated under the Laws of the State of Florida, as a corporation, not for profit, pursuant to these articles of incorporation.

ARTICLE I. NAME

The name of the corporation is: HELPFUL HAND HOMECARE, INC.

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TALLAHASSEE, FLORIDA

ARTICLE II OBJECTS

- A. The specific and primary purposes are:
- (1) The purposes for which the corporation is organized are exclusively charitable, scientific, literary, religious and educational, within the meaning of section 501 (c) (3) of the Internal Revenue Code of 1954 or the corresponding provisions of any future United States Internal Revenue Law.
 - (2) Notwithstanding any other provisions of these articles, this organization will not carry on any activities not permitted to be carried on by organizations exempt from Federal Income Tax under section 501 (c) (3) of the Internal Revenue Code of 1954 or the corresponding provisions of any future United States Internal Revenue Law.
 - (3) The Corporation is irrevocably dedicated to and operated exclusively for non-profit purposes and no part of the income or assets of the corporation shall be distributed to, or inure to the benefit of any individual.
- B. In furtherance, but not in limitation of the foregoing charitable, scientific, literary, religious and educational purposes, the corporation shall have the following powers:

- (1) To buy, own, sell, assign, mortgage, or lease any interest in real estate and personal property and to construct, maintain, and operate improvements thereon, necessary or incidental to the accomplishment of the purposes set forth herein.
- (2) To borrow money and issue evidence of indebtedness in furtherance of any or all of the objects of its business and to secure the same by mortgage, pledge, or other lien on the corporation's property.
- (3) To provide such community and or support services, including but not limited to home and or institutional care as may be deemed appropriate and or necessary or incidental to any or all of its stated objects.

ARTICLE III MEMBERSHIP

Membership in the corporation shall be open to such persons or organizations that share in the vision or stated goals of the corporation and who make application for membership in such manner and such form as may be stipulated by such by-laws as may be in force from time to time.

ARTICLE IV EXISTANCE

This corporation shall have perpetual existence.

ARTICLE V INCORPORATORS

The names and addresses of the incorporators to these articles of incorporation are as follows:

1. Seana K. Williams
900 W. Wilson Ridge Apartments # 1603
Orlando, Fl. 32818
2. Ruthlyn V Williams
6215 Melbourne Ave
Orlando, Fl 32835

ARTICLE VI BOARD OF TRUSTEES

This corporation shall have three (3) Trustees initially, the number of trustees may be increased or diminished from time to time by bylaws adopted by the members and Board of Trustees, but shall never be less than three. The bylaws shall determine those persons elected as Trustees. The Trustees shall be elected from the membership during the annual business meeting.

ARTICLE VII INITIAL BOARD OF TRUSTEES

- (1) The names, addresses and telephone numbers of the initial Board of Trustees are as follows:

Seana K. Williams
900 W. Wilson Ridge Apartments # 1603
Orlando, Fl. 32818
Tel: 407-298-9612

Ruthlyn V Williams
6215 Melbourne Ave
Orlando, Fl 32835
Tel: 407-299-4743

Antonio Shaw
4440 Medallion Dr.
Apt # 825
Orlando Florida 32805
Tel. 407-578-8729

- (4) Any persons named as initial Trustees shall hold office for the first year of existence of this corporation or until a successor is duly elected or appointed in his stead.

ARTICLE VIII PRINCIPLE OFFICE

The principle place of business and mailing address of this corporation shall be 900 Wilson Ridge Apartments #1603, Orlando Florida 32818.

ARTICLE IX AMENDMENT

These articles of incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Trustees, proposed by them to the members, and approved at a regularly convened meeting of members by a simple majority vote of members. Provided that any amendment may be made by the unanimous written decision of all members of the Board of Trustees and all members of the corporation entitled to vote. Provided, however, that nothing herein, or heretofore, shall preclude necessary typographical, grammatical or purely cosmetic or non-consequential amendments.

ARTICLE X ORGANIZATION OF THE CORPORATION

This corporation is organized on a non-stock basis.

ARTICLE XI TAX EXEMPT STATUS

No part of the income or losses of this corporation shall be distributed to its members and/or trustees, except as compensation for actual services rendered. In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in section 501 (c) (3) and 170 (c) (2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or the Federal, State or Local Government for exclusive public purpose.

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the Laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida.

1. The name of the corporation is **HELPFUL HAND HOMECARE, INC.**
2. The name and address of the registered agent and office is:

Seana K. Williams
900 W. Wilson Ridge Apartments # 1603
Orlando, Fl. 32818
Tel: 407-298-9612


Signature

Having been named as a registered agent and to accept service of process for the above stated corporation as the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in that capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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