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| (Re | questor's Name) | |
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| PICK-UP | | MAIL |
| (Bu | siness Entity Nam | e) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | Office Use Only | |



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FILED 25



COVER LETTER

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

Hurt Americans Need SUBJECT: PROPOSED CORPORATE NAME INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :

ST0.00 Filing Fee

Status

| \$78.75 | |
|------------------|--|
| Filing Fee | |
| & Certified Copy | |

X \$87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Name (Printed or typed) Lare Fire Ste Z Address 32300

545-4748 Daytime Telephone number 850

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: Hurt Americans Needing Kindness, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2473 Cre Once Ste. Z Talkhassee, FL. 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to assist families of disabled Americans with upgad homes for handicap accessibility and paying uninsured medical costs. Upon fissplution of this organization, all remaining assets will be distributed to Romald McDomald House Cherities Charities.

ARTICLE IV _ MANNER OF ELECTION

The manner in which the directors are elected or appointed: Appointment by President

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s): Ron Mason - President 2473 Gre Orive Ste Z Talkhusser, H. 32308

ARTICLE VI _ INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Bon Mason 2473 Car Orve Ste Z Tallahassee, FL 32306

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ron Mason-2473 Con Orive Ste Z *** Trillehusser, H. 32308 .*

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

11-30-05 Date

er Gr

11-30-05 Date

Signature/Incorporator