

NO7000001522

(Requestor's Name)

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(City/State/Zip/Phone #)

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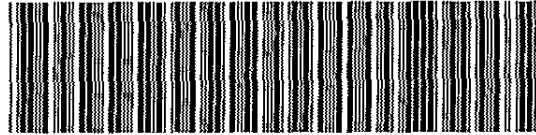
(Business Entity Name)

(Document Number)

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2007 FEB 12 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NO7-946

T. Burch FEB 13 2007

COVER LETTER

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

SUBJECT: True Helping Hands Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Michael E. Jackson

Name (Printed or typed)

2639 - 7 Silver Hills Drive

Address

Orlando, Florida 32818

City, State & Zip

407 694-3842

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2007

MICHAEL E. JACKSON
2639-7 SILVER HILLS DRIVE
ORLANDO, FL 32818

SUBJECT: TRUE HELPING HANDS INC.
Ref. Number: W07000001946

We have received your document for TRUE HELPING HANDS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of incorporation of a nonprofit corporation must be prepared in compliance with section 617.0202, Florida Statutes. Please refer to that section of the law for assistance.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 807A00002876

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

ARTICLE I NAME

The name of the corporation shall be:

True Helping Hands Inc

ARTICLE II PRINCIPAL OFFICE

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

2639 - 7 Silver Hills Drive
Orlando, Florida 32818

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide support services to developmentally disabled individuals

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

By election

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Susan Jackson, 2639 -7 Silver Hills Drive Orlando, Florida 32818 (P)
Willie Louise Butler, 3811 Cypress Ave, Brunswick, Georgia 31520(T)
Shantavia Miller, 2639-7 Silver Hills Drive, Orlando, Florida 32818 (S)

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Christine Gay, 7439 High Lake Drive, Orlando, Florida 32818

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael E. Jackson
2639-7 Silver Hills Drive Orlando Florida 32818912 399 8441

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.

Christine Gay
Signature/Registered Agent

2-1-07
Date

Michael E. Jackson
Signature/Incorporator

2-1-07
Date

FILED
2007 FEB 12 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA