

208000064490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

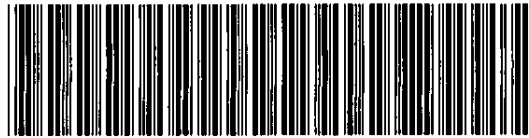
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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2008 MAY -8 PM 2:01  
FILED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
08 MAY -8 PM 2:07

## COVER LETTER

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

People Who Care Foundation, Inc.

SUBJECT:

~~Helping 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:

Jay Jackson  
Name (Printed or typed)

1216 Kitt St

Address

Tallahassee, FL 32304

City, State & Zip

850-980-2753

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:

*Pepple Who Care Foundation, Inc.*  
~~*A Helping Hand Foundation, Inc.*~~

**ARTICLE II PRINCIPAL OFFICE**

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

*1216 Kitt St. Tallahassee, FL 32304*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*To provide affordable to no-cost housing and day care assistance to single parent families, to grant educational assistance to high school seniors, and to provide mentorship to the youth.*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*Appointed by the Board*

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

*Jay Jackson President 1216 Kitt St. Tallahassee, FL 32304*  
*Nicole Jackson Secretary 1871 Lake Hill Circle Orlando, FL 32818*  
*Jesse Taylor Vice President 2002 E. Park Ave. Tallahassee, FL 32301*

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

*Jay Jackson*

*1216 Kitt St Tallahassee, FL 32304*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Jay Jackson*

*1216 Kitt St 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.

*Jay Jackson*  
\_\_\_\_\_  
Signature/Registered Agent

*5/8/08*  
\_\_\_\_\_  
Date

*Jay Jackson*  
\_\_\_\_\_  
Signature/Incorporator

*5/8/08*  
\_\_\_\_\_  
Date

FILED  
MAY - 8 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA