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(Address)
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(City/State/Zip/Phone #)
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SECRETARY OF STATE
ALLAHASSEE, FLORIG

GP 8/6/08

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Helping Hands Worldwide, -Inc. Helpins Hands Worldwide Outreach, Inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1205 McCaskill Ave. Tallahassee, FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized for charitable, social, cultural, career, and educational purposes that qualify under section 501(c) (3) of the Internal Revenue Code, or any corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

As provided for in the bylaws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Georgia A. Cloud, Pres.

806 Ridge Rd.

Gregory Sessions, VP

1721 Saxon St

Tallahassee, FL 32305 Tallahassee, FL 32310

Karry L. Cloud, Jr., Tres.

806 Ridge Rd

Tallahassee, FL 32305

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Gregory Sessions 1721 Saxon St. Tallahassee, FL 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Georgia A. Cloud 806 Ridge Rd.

Tallahassee, FL 32305

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designate
in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Designated Agent

08-06-2008

Date

08-06-2008

Date

Signature/Incorporator

COVER LETTER

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

SUBJECT: Helping Ha	OPROPOSED CORPORAT	ng Hands W ENAME-MUSTINCLU	be SUFFIX)	otrach, Inc.
Enclosed is an original a	nd one(1) copy of the Article	es of Incorporation and a	a check for:	<i>'</i>
\$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 CO	PY REQUIRED	
FROM:	Gregory Sessions Name (Pri	nted or typed)	-	
1721 Saxon St Address			-	
	Tallahassee, FL 32310 City, S	tate & Zip	_	
	850-459-7071 Daytime Tel	lephone number	_	

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