

No9000007294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Void

Office Use Only



100158293681

07/24/09--01020--015 **78.75

RECEIVED
OFFICE OF STATE
CLERK
TALLAHASSEE, FLORIDA

09 JUL 24 PM 1:34

FILED

Nch
7-28-09

COVER LETTER

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

SUBJECT: Helping Hands Outreach Community Center 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: Veronica Adams
Name (Printed or typed)

1317 W. 20th Street
Address

Jacksonville, FL 32209
City, State & Zip

(904) 376-4193
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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:

Helping Hands Outreach Community Center Inc.

ARTICLE II PRINCIPAL OFFICE

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

1317 W. 20th Street
Jacksonville, FL 32209

P.O. Box 60511
Jacksonville, FL
32236

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To give back to the community by providing basic financial, educational and personal needs.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

All board members will be appointed

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Veronica Adams
1317 W. 20th Street
Jacksonville, FL 32209
Director

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Veronica Adams
1317 W. 20th Street
Jacksonville, FL 32209

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Veronica Adams
1317 W. 20th Street
Jacksonville FL 32209

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.

Veronica Adams
Signature/Registered Agent

7-21-09
Date

Veronica Adams
Signature/Incorporator

7-21-09
Date

FILED
09 JUL 24 PM 1:35
RECEIVED
CLERK OF STATE
JUL 24 2009