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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne) . .
(Do	cument Number)	
Certified Copies	_ Certificates	of Status <u>·</u>
Special Instructions to	Filing Officer:	
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	Office Use Onl	y /



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SECRETARY OF STATE TALLAHASSEE FLORID.



COVER LETTER

Helping Hands Credit Counseling, Inc.

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

SUBJECT.

SUBJECT,	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)		
Enclosed is an original ar	nd one (1) copy of the Artic	cles 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 CO	PY REQUIRED
FROM:	Stephen Wiseman	inted or typed)	_

Daytime Telephone number

3111 NE 51st Street #306

Fort Lauderdale, FL 33308

cybrwise@aol.com

954-292-5133

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

Address

City, State & Zip

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2009

WISEMAN 6360 NW 5TH WAY #302 FORT LAUDERDALE, FL 33309

SUBJECT: HELPING HANDS CREDIT, INC.

Ref. Number: W09000040271

We have received your document for HELPING HANDS CREDIT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, and Inc.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected 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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 109A00029780

Loria Poole

Division of Corporations

State of Florida

Tallahassee, FL

September 25, 2009

Dear Ms. Poole:

This is to notify you that we have no intention to revoke the dissolution of Helping Hands Credit, LLC.

We hereby request that you release the name to another entity.

Stephen Wiseman

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 Credit Counseling, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6360 NW 5th Way, Suite 302

Fort Lauderdale FL 33309

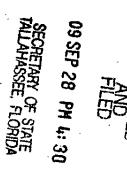
ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Credit Counseling

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:



ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Robert Wiseman, President,

1790 S. Ocean Dr. #904

Hollywood, FL 33019

Stephen Wiseman, Vice President

3111 NE 51st Street #306, Fort Lauderdale, FL 33308

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Stephen Wiseman

3111 NE 51st Street #306

Fort Lauderdale, FL 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert Wiseman

1701 S. Ocean Dr. #904

Hollywood, FL 33019

**************	**************
Having been named as registered agent to accept service of pro	cess for the above stated corporation at the place designated
in this certificate, I am familiar with and accept the appointmen	nt as registered agent and agree to act in this capacity.
_ AU per	<u>September 25, 2009</u>
Signature Registered Agent	Date

Signature/Incorporator

September 25, 2009

Date