

ND9000009455

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MAIL

(Business Entity Name)

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10/02/09--01026--008 **78.75

09 SEP 28 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

[Handwritten signature]

COVER LETTER

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

SUBJECT: Helping Hands Credit Counseling, 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: Stephen Wiseman
Name (Printed or typed)

3111 NE 51st Street #306
Address

Fort Lauderdale, FL 33308
City, State & Zip

954-292-5133
Daytime Telephone number

cybrwise@aol.com
E-mail address: (to be used for future annual report notification)

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.

A handwritten signature in black ink, appearing to read "S. Wiseman", with a long horizontal flourish extending to the right.

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 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.



Signature/Registered Agent

September 25, 2009

Date



Signature/Incorporator

September 25, 2009

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 28 PM 4:30

APPROVED
AND
FILED