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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER ETTER

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

SUBJECT:	Helping Hands Management & Consulting Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed is an original a \$70.00 Filing Fee	and one (1) copy of the Artic \$78.75 Filing Fee & Certificate of Status	s of Incorporation and \$78.75 Filing Fee & Certified Copy	a check for: \$87.50 Filing Fee, Certified Copy & Certificate	
	•	ADDITIONAL CO	PY REQUIRED	
FROM: Jenni L Callahan Name (Printed or typed)				
Address High Springs, FL 32643 City, State & Zip			-	
			-	
	352-672-1478			

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

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

Daytime Telephone number

helpinghandsmc@hotmail.com

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 Management & Consulting Inc

ARTICLE II PRINCIPAL OFFICE

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

235 SW 7th Ave, High Springs, FL 32643

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Manage and Consult with residents, organization, and Tribal organizations with obtaining grants and procuring the project through to the finish stages.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Their will be monthly, biannual and annual meetings in which the directors and or officers will be voted on.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Jenni L Callahan, 235 SW 7th Ave, High Springs FL 32643 - Director

Leslie S Henderson, 4320 NE CR 340, High Springs, FL 32643 - Director

Marci J Roberts, 2649 Eastill Drive, Jacksonville, FL 32211 - Director

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is Jenni L Callahan, 235 SW 7th Ave, High Springs FL 32643

<u>ARTICLE VII INCORPORATOR</u>

The name and address of the Incorporator is:

Jenni L Callahan, 235 SW 7th Ave, High Springs, FL 32643

************	********
Having been named as registered agent to accept service of process for the ai in this certificate, I am familiar with and accept the appointment as registere	
Jan-L Callet	02-14-2010
Signature/Registered Agent	Date
Went Will	02-14-2010
Signature/Incorporator	Date