N 10000003906

| (Requestor's Name) | | | |
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| | | | |
| (Add | iress) | | |
| | | | |
| (Add | lress) | | |
| (7140 | | | |
| | | | |
| (City | /State/Zip/Phon | ne #) | |
| PICK-UP | WAIT | MAIL | |
| | | | |
| (Bus | iness Entity Na | me) | |
| (| | | |
| (Da- | | | |
| (D00 | ument Number |) | |
| | | | |
| Certified Copies | Certificate | s of Status | |
| | | | |
| Special Instructions to F | ilina Officer | | |
| opolia medacijoje io j | ming officer. | | |
| Ms. Brown | | | |
| AUTHORIZATION BY PHONE TO | | | |
| compact Te IVE IIT | | | |
| DATE $4-20-10$ | | | |
| | | | |
| DOC. EXAM | | | |
| | | | |

Office Use Only



900175716229

04/19/10--01025--020 **65.99

04/19/10--01025--021 **5.00

04/19/10--01025--022 **4.00

SECRETARY OF STATE

10 APR 19 PM 12: 2





COVER LETTER

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

SUBJECT: Joy Of Helping Others Corporation
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

| Enclosed is an original a | nd one(1) copy of the Arti | icles of incorporation and a | i check for : |
|---------------------------|--|------------------------------|--|
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate |
| | | ADDITIONAL COPY REQUIRED | |

FROM: Higha Anita Brown

Name (Printed or typed)

1619 19th Stock Court East

Orida

City, State & Zip

Daytime Telephone number

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

8 E ... 3

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

| The name of the corporation shall be: | f Helping Ot | hers. Corporation |
|--|--|---|
| ARTICLE II PRINCIPAL OFFICE | different in | |
| The principal <u>street</u> address and mailing address, if | | • 1 |
| 1619 18th Street | Courter | • |
| Palmetto Florida 342al. | | |
| The purpose for which the corporation is organized | · Talana | Tampa Sarasota |
| The purpose for which the corporation is organized | is: 10 yerb hech | ie in lamp. |
| | | |
| Single parents, with valuable life a little easier fin ARTICLE IV MANNER OF ELECTION | e information t | nat doubt with the strong |
| life a little easier Fin | acially, spirituall | y and resource is the |
| ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appropriate to the second s | | |
| The manner in which the directors are elected of app | pointed: By Vot | e . |
| | , | |
| • | | |
| ARTICLE V INITIAL DIRECTORS AND/O | OP OFFICERS | |
| List name(s), address(es) and specific title(s): | | |
| | 1619 18th Sta | et Court East Palmetta |
| Hylita Brown officer thecia Brown officer | | FL. |
| hegia brown officer | 1619 18m Street | Court East Palmetto FL |
| Kisha Brown Director | 1619 18th Stree | + Court East Palmetto F |
| ARTICLE VI INITIAL REGISTERED AG | ENT AND STREET ADD | RESS |
| The name and Florida street address (P.O. Box I | | |
| hisha Anita Brown | | |
| 1619 18th Street Court 1 | ast | 5 00 0 |
| Palmetto FLORATORAL | | APR SECRE |
| The <u>name and address</u> of the Incorporator is: | | |
| Kisha Anita Brown | | A DEC |
| 1619 18th Street Court Eas | L Dalmuth II | 3423/ For R 043 |
| ******************************* | P | ******* |
| Having been named as registered agent to accept service of in this certificate, I am familiar with and accept the appoin | f process for the above stated continent as registered agent and | orporation at the place designated agree to act in this capacity. |
| de l | | 7-21 00 1/8 |
| Auha Tomown | | |
| Signature/Registered Agent | | Date 7-21 1/4 |
| Risha Brown | · | 19-19-09 |
| Signature/Incorporator | | Date |
| | | |