

N100000/0829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

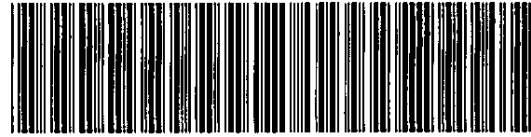
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
11/19

COVER LETTER

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

SUBJECT: H2O Help to Others Corp.

(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: Albert Molina

Name (Printed or typed)

10005 Albyar Ave

Address

Riverview FL 33578

City, State & Zip

813-523-1420

10005 Albyar Ave Telephone number

jordog22451@tampabay.rr.com

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: H2O Help to Others Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
10005 Albyar Ave
Riverview, Florida 33578

Mailing address, if different is:
P.O. Box 3312
Riverview, FL 33568

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To assist the needy with groceries and clothing

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed
appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Albert Molina President
Address: 10005 Albyar Ave
Riverview, FL 33578

Name and Title: Charlene M. Molina- Vice President
Address: 10005 Albyar Ave
Riverview, FL 33578

Name and Title: Catherine M. Faulk - Secretary
Address: 3140-Prosperity Lane
Valrico, FL 33594

Name and Title: Stacie L. Molina-Woods
Address: P.O. Box 3312
Riverview, FL 33568

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

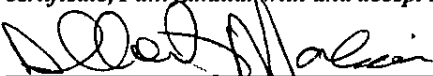
Name: Albert Molina
Address: 10005 Albyar Ave
Riverview, FL 33578

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Albert Molina
Address: 10005 Albyar Ave
Riverview, FL 33578

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



Required Signature of Registered Agent

10-22-2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

10-22-2010

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA