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## **COVER LETTER**

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

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# SUBJECT: Ms. Dot's Helping Hands Incorporated (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

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Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate				
		ADDITIONAL COPY REQUIRED					
1797-2004 (J. 1883) 1872-20163 (N							
	I: Patricia L. Pearson						
	Name (Pri	nted or typed)	,				
	239 Larch Lane						
	Address						
	Mahwah, New Jersey 07430						
City, State & Zip							
1-201-315-5468							
	2882 Collegy Unsetel	ephone number					
	plpearson@KPI		_				
	E-mail address: (to be used for fi	iture annual report notifica	tion)				

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

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### ARTICLES OF INCORPORATION

'In compliance with Chapter 617, F.S., (Not for Profit)

# ARTICLE I NAME Ms. Dot's Helping Hands Incorporated

# ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>2882 Colbert Circle</u> <u>Melbourne, FL 32901</u> Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Foundation is organized to provide assistance/support to low-income families. The foundation will focus on providing at risk kids an opportunity to go four or seven weeks summer camp of fun & education trips. Foundation will focus on providing life learning skills, tutoring assistance and healthy snacks throughout the school year. In addition, foundation will provide community Thanksgiving Dinner and Christmas Luncheon.

**ARTICLE IV** MANNER OF ELECTION The manner in which the directors are elected and appointed:

Notices are mailed, applications are reviewed, w/recommendation letters, and question session by a five person panel vote cast.

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Ti	tle: Patricia L, Pearson - President	Name and Title	:Betty Faye Goins - Treas	ure		
Address:	239 Larch Lane	Address:	1122 Howard Street			
	Mahaw, New Jersey 07430		Rockledge, FL 32922			
Name and Ti	itle:Cortney Faye Blunt - Director	Name and Title	: Vance Felber - Vice Presi	dent		
Address:	1122 Howard Street	Address:	1200 Rainbow Road			
	Rockledge, FL 32922		Palm Bay, FL 32909			
Name and Ti	itle: Jennifer Felber - Asst Treasure	<ul> <li>Name and Title</li> </ul>	: San J. King - Secretary			
Address:	1200 Rainbow Road	Address:	1031 Caddenwoods Drive			
	Palm Bay, FL 32909		Augusta, GA 30906			
ARTICLE VI	REGISTERED AGENT	—		thurse tar a d	2010	
The name and Flo	rida street address (P.O. Box NOT acceptable) o	f the registered age	ent is:		23	
Name:	Betty Faye Goins	_			DEC	
Address:	1122 Howard Street	_			5	77
	Rockledge, FL 32922				30	
		<del></del>		$\leq$		П
ARTICLE VII	INCORPORATOR				P₩	D
The name and add	dress of the Incorporator is:				÷	
Name:	Dorothy Ann Linson	_		曹吉	42	
Address:	2882 Colbert Circle	<del></del>		Γ	N	
	Melbourne, FL 32901					

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

oins Required Signature of Registered Agent

12/27/10

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.

ALMAC Required Signature of Incorporator NOT

12/27/10