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SECRETARY OF STATE TALLAHASSEE, FLORIDA







FLORIDA DEPARTMENT OF STATE Division of Corporations

February 1, 2011

BRUCE SALYER 418 DAIRY AVE SAINT AUGUSTINE, FL 32084

SUBJECT: HAND UP INCORPORATED

Ref. Number: W11000006186

We have received your document for HAND UP INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name 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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 011A00002729

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of the c	NAME orporation shall be: A Hawo	Jp In	St. Augustine	INC
ARTICLE II PRINCIPAL OFFICE Principal street address 418 Dairy Ave			Mailing address, if different is:	
	St Augustine FI 32084	-		
ARTICLE III	PURPOSE which the corporation is organized is:			•4
A public charit coordinating w	y community outreach program providing a vith local government, business and private while sheltering the needy, providing trade of	citizens and co	ombining assets and don	ations to renovate
ARTICLE IV	MANNER OF ELECTION The manner in	which the director	rs are elected and appointed:	
As stated in	•			,
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO			•
Address:	itle: Bruce Salyer /Director 418 Dairy Ave	_ Name and The Address:	e:	
	418 Dairy Ave St Augustine, FL	-	A-1-A-1-A-1-A-1-A-1-A-1-A-1-A-1-A-1-A-1	
-	32084	- .		-
Name and T	Title:Mark Raney / Director	_ Name and Title	e:	
Address:	418 Dairy Ave	_ Address:		<u> </u>
	St Augustine FI	_		~ () ~ tou シ
	32084	_		
Name and T	itle: Wes King / Director	_ Name and Title	e;	经 一品名
Address:	217 Matecumbe Ave			
•	Islamorada, FL	_		TO !' {
	33036	_		2: AA
ARTICLE VI	REGISTERED AGENT			製品・お
	orida street address (P.O. Box NOT acceptable) of	the registered age	ent is:	
Name:	Bruce Salyer			
Address:	418 Dairy Ave			
	St Augustine, FL 32084	-		
	52004			
ARTICLE VII	INCORPORATOR			
The <u>name and ad</u> Name:	Idress of the Incorporator is: Bruce Salyer			
Address:	418 Dairy Ave	_		
	St Augustine, FL 32084			
		_		
Having been nan certificate, I am fo	ned as registered agent to accept service of proce amiliar with and accept the appointment as register	ess for the above red agent and agre	stated corporation at the place ee to act in this capacity	ce designated in this
BRUCE -	DAVER Y		2/08/11	
	Required Signature of Registered Agent		Date	
	ument and affirm that the facts stated herein are to t of State constitutes a third aburee felony as provid			nitted in a document
BRUCE	TAINED THE		2/08/11	
MEDCE	Required Signature of Incorporator		Dat	te