N11000004335

(Requestor's Name)					
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COVER LETTER

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

SUBJECT: Help Me Too Founda	ation, INC.					
(PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)					
Enclosed is an original and one (1) copy of the A	articles of Incorporation and a check for:					
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate					
	ADDITIONAL COPY REQUIRED					
प्रसार के मुक्तान के प्रमुख	a de mante de la montación de la montación de la constante de					
FROM: Tardieu Ridore						
Name (Printed or typed)						
4950 Clarcona Ocoee Rd						
Address						
Orlando, FL 32810						
City, State & Zip						
407-295-4869						
6630 N. Pantienal Seleph The number						
tridore@hotmail.com						
E-mail address: (to be used for future annual report notification)						
NOTE: Please provide the original and one copy of the articles.						



FLORIDA DEPARTMENT OF STATE Division of Corporations RECEIVED 11 MAY -2 PM 4: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 11, 2011

TARDIEU RIDORE 4950 CLARCONA OCOEE RD ORLANDO, FL 32810

SUBJECT: HELP ME TOO FOUNDATION, INC.

Ref. Number: W11000020283

We have received your document for HELP ME TOO FOUNDATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 211A00008674

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

The name of the co	•				
ARTICLE II	PRINCIPAL OFFICE				
	Principal <u>street</u> address		Mailing address, it		
	6630 N. Orange Blossom Tr.		Help Me Too Foundation,		
	Orlando, Elorida 32810		P. O. Box 585477 Orlando, Elorida 32858		
ARTICLE III	PURPOSE				
The nurnose for w	hich the corporation is organized is:				
The foundation is set f the organization, asse Revenue Code or corr such assets not dispos	orth as a non for profit to assist and support the underprivilege is shall be distributed to other 501 (1) (c) (3) organizations for esponding section of any future federal tax codes, shall be dissed, shall be disposed by the court of Corporate jurisdiction of such organization or organizations, as said court shall determined.	one or more exempts stributed to the federal the country in which the	within the meaning of section 501 or government, to the state, or the locuse principal office of the organization	(c) (3) of the Internal at, for public purposes. Any n is then located, exclusively	
ARTICLE IV	MANNER OF ELECTION The manner in	which the director	s are elected and appointed:		
By Votes					
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO				
	itle: <u>Dr. Tardieu "Ted" Ridore, President/Founde</u>	er Name and Title			
Address:	P.O. Box 585477	_ Address:	4330 Fountain View La		
	Orlando, FL 32858	_	Orlando, FL 32808		
Name and T	itle:Gislaine Ridore, Secretary	Name and Title	·· Claudette Ambroise T	ragelira	
Address:	5431 Liming Ave		3514 Londondary Blvd		
	Orlando, FL 32808		Orlando, FL 32808		
	51101100, 1 2 0 2 0 0 0		Onlando, i E 02000		
Name and Ti	itle: <u>Yves Mario Cordon</u>	Name and Title	<u>:</u>		
Address:	18536 17th Ave.				
	Miami, FL 33056			型所 姜二	
					
ARTICLE VI	REGISTERED AGENT				
	rida street address (P.O. Box NOT acceptable) o	f the registered age	ent is:	- 편유 및 변	
Name:	Tardieu "Ted" Ridore				
Address:	4950 Clarcona Ocoee Rd.	_		第三年	
	Orlando, FL 32810			真声 の	
		_		<u> </u>	
ARTICLE VII	INCORPORATOR				
	Iress of the Incorporator is:				
Name:	Tardieu Ridore	-			
Address:	P. O. Box 585477 Orlando, FL 32858				
	Olialido, FL 32638	_			
Having been nam	ed as registered agent to accept service of proce	ess for the above	stated corporation at the pl	ace designated in this	
certificate, I am fa	miliar with and accept the appointment as register	red agent and agre	e to act in this capacity	,	
	Tan dian Par	JAM	April 4, 201	1 .	
	Required Signature of Registered Agent	1010	Da		
l submit this docu	ment and affirm that the facts statell herein are to	rue. I am aware ti	hat any false information su	bmitted in a document	
	of State constitutes a third degree felony as provid				
	Tarden P. Lor	<i>7</i> 0.	Aprìl 4, 201	1	
	Pageined Signature of Incompany			nate.	