

N 11000005686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

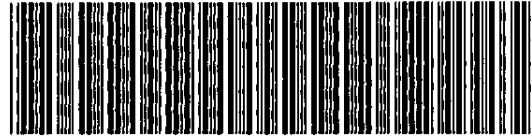
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Sylvia Stephenson* **NAME**  
AUTHORIZATION BY PHONE TO  
CORRECT *Article IV*  
DATE *6/13/11*  
DOC. EXAM *1 MRS*

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**FILED**  
11 JUN 10 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*MRS*  
*6/13*

## COVER LETTER

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

SUBJECT: HELP HIM, Inc.

(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: Sylvia Stephenson

Name (Printed or typed)

1371 Tuscan Ter #6204

Address

Champions Gate, FL 33896

City, State & Zip

407-209-7004

1371 Tuscan Ter #6204 Daytime telephone number

sylvia@helphim.org

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)

**FILED**

11 JUN 10 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different

**ARTICLE I NAME**

The name of the corporation shall be: **HELP HIM, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1371 Tuscan Ter #6204  
Champions Gate, Florida 33896

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

designed to mentor, counsel, and educate low income youth. To prevent the vicious cycle of incarceration, drug use, and abuse. We will give low income youth the essential tools to become productive citizens of the United States of America. *Youth and young adults*

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

Directors will be elected by vote.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sheres Dennard/ President  
Address: 160 Carriage Chase  
Fayetteville, GA 30214

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Walter Griffin IV/Executive Vice President  
Address: 2350 Phillips Road #2202  
Tallahassee, FL 32308

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Sylvia Stephenson/Director  
Address: 1371 Tuscan Ter #6204  
Champions Gate, FL 33896

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: Antonio Howell  
Address: 424 E Central Blvd #328  
Orlando, FL 32801

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sylvia Stephenson  
Address: 1371 Tuscan Ter #6204  
Champions Gate, FL 33896

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

*Antonio Howell*

Required Signature of Registered Agent

June 7, 2011

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.

*Sylvia Stephenson*

Required Signature of Incorporator

June 7, 2011

Date