

N11 000006198

(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:

Office Use Only



400208428904

06/08/11--01017--005 **87.50

FILED
2011 JUN 28 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W11-31457

COVER LETTER

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

SUBJECT: Veteran's Helping Hands 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: Mr. Joseph Billups
Name (Printed or typed)

2140 N.W. 86 Terrace
Address

Miami FL 33147
City, State & Zip

786-212-4590
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

FILED
JUN 28 AM 11:05
TALLAHASSEE, FL 32314
SECRETARY OF STATE

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

ARTICLE I NAME

The name of the corporation shall be: Veteran's Helping Hands Optimist, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2140 N.W. 86 Terrace
Miami FL 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To help fellow veterans, young children and teenagers in the community. Help them financially with store gift cards to purchase what's needed for daily living; such as food, toiletry items, and clothing. We will also mentor young children and teenagers.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Elected directors will be voted into office

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President
Address: Joseph Billups
2140 N.W. 86 Terrace
Miami FL 33147

Name and Title: Financial Secretary
Address: Gregory Robinson
1450 S.W. 1st Street Apt. #5
Miami FL 33127

Name and Title: Vice-President
Address: Gregory Carter
4628 N.W. 16 Ave
Miami FL 33142

Name and Title: Sergeant of Arms
Address: James Sweeting
4881 N.W. 22 Street #BB 68
Lauderhill, FL 33313

Name and Title: Treasurer
Address: Donald Phillips
1137 Marcellinas Drive Apt #1
Miami Beach, FL 33141

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: Mr. Joseph Billups
Address: 2140 N.W. 86 Terrace
Miami FL 33147

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mr. Gregory Carter
Address: 4628 N.W. 16 Ave
Miami FL 33142

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

Joseph Billups
Required Signature of Registered Agent

June 4, 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.

Gregory Carter
Required Signature of Incorporator

June 4, 2011
Date

FILED
JUN 28 AM 11:05
TALLAHASSEE, FLORIDA