

N11000011020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

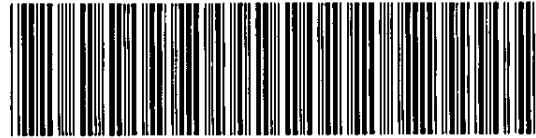
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300213100213

11/29/11--01020--021 **78.75

RECEIVED

11 NOV 29 PM 1:42

CLERK, DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 NOV 29 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/19/11 D

COVER LETTER

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

SUBJECT: Kidzco Helping Handz 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: Valerie Stewart
Name (Printed or typed)

1212 Stone Road
Address

Tallahassee, Florida 32303
City, State & Zip

(850) 339-7512
Telephone number

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)

ARTICLE I NAME Kidzco Helping Handz Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1212 Stone Road
Tallahassee, Florida 32303

Mailing address, if different is:
P.O. Box 180673
Tallahassee, Florida 32318

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The organization is organized exclusively for charitable, religious, educational, and scientific purposes.

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

As Stated In The By Laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Valerie Stewart - CEO - President
Address: 1212 Stone Road
Tallahassee, Florida 32303

Name and Title: _____
Address: _____

Name and Title: Tommy Price - Vice President
Address: 1212 Stone Road
Tallahassee, Florida 32303

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Valerie Stewart
Address: 1212 Stone Road
Tallahassee, Florida 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Valerie Stewart
Address: 1212 Stone Road
Tallahassee, Florida 32303

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

Valerie Stewart
Required Signature of Registered Agent

11/29/2011
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.

Valerie Stewart
Required Signature of Incorporator

11/29/2011
Date

FILED
NOV 29 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA