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(Business Entity Name)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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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**

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

**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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA