

N11000011819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

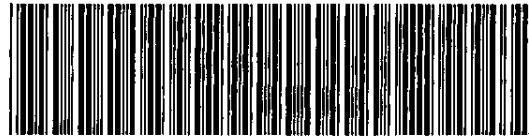
(Document Number)

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

Special Instructions to Filing Officer:

*Lisa Rembert called 12/28  
and requested for us to  
add effective date.*

Office Use Only



500214855655

12/05/11--01016--020 \*\*78.75

FILED

11 DEC 27 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: A Little Help Corporation  
(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: Lisa J. Rembert  
Name (Printed or typed)

6804 Ambassador Drive  
Address

Orlando, FLA. 32818  
City, State & Zip

(407) 761-5457  
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  
1 DEC 27 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mrs. Dunlap

Please check the address you have on file. The Corporations Department sent two Correction Letters out to the wrong address. If you have any new information for Little Helping Hand Corporation please send it to 6804 Ambassador Dr. Orlando; FL 32818 Thank you

Joe Lambert



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 DEC 12 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 6, 2011

LISA J REMBERT  
6804 AMBASSADOR DRIVE  
ORLANDO, FL 32818

SUBJECT: A LITTLE HELP CORPORATION  
Ref. Number: W11000061044

We have received your document for A LITTLE HELP CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 811A00027254



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 13, 2011

LISA J REMBERT                      2ND MAILING  
1219 W POINTE VILLAS BLVD  
APT. 202  
WINTER GARDEN, FL 34767

SUBJECT: A LITTLE HELP CORPORATION  
Ref. Number: W11000061044

We have received your document for A LITTLE HELP CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 811A00027254

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

**ARTICLE I NAME**

The name of the corporation shall be:

*A Little Helping Hand Indeed Corporation*

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

*6804 Ambassador Drive  
Orlando, Florida  
32818*

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Mission Statement → To retrain and re-enter the homeless veteran into a productive society. Our mission is to offer the veteran temporary shelter, financial management, mental health counseling, and educational training with partnership resources.*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

*The CEO appoints the Directors.*

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

Name and Title: *LISA J. REMBERT*  
Address: *CEO*

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

Name and Title: *BERNITA BETHAY*  
Address: *VICE PRESIDENT*

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

Name and Title: *DERRECK CRAWFORD*  
Address: *SECRETARY*

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

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11 DEC 27 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: *LISA J. REMBERT*  
Address: *6804 Ambassador Drive  
Orlando, Florida  
32818*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: *LISA J. REMBERT*  
Address: *6804 Ambassador Drive  
Orlando, Florida  
32818*

*Effective date  
01/01/2012*

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

*Lisa Rembert*  
\_\_\_\_\_  
Required Signature of Registered Agent

*12/1/11*  
\_\_\_\_\_  
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.

*Lisa Rembert*  
\_\_\_\_\_  
Required Signature of Incorporator  
*LISA REMBERT*

*12/1/11*  
\_\_\_\_\_  
Date