

N12000000433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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12 JAN 12 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

z. Burch JAN 13 2012

## COVER LETTER

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

SUBJECT: Help 2 Others, 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: Mike Bunkley

Name (Printed or typed)

13711 Antler Point Drive

Address

Tampa, FL 33626

City, State & Zip

813-926-5054

13711 Antler Point Drive  
Telephone number

mbunkley@mymatrixx.com

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: **Help 2 Others, Inc.**

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address  
13711 Antler Point Drive  
Tampa, FL 33626

Mailing address, if different is:

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To assist those in need with food, clothing and other necessities.

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

The founder appointed all officers and directors listed below.

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

Name and Title: Mike Bunkley - Founder  
Address: 13711 Antler Point Drive  
Tampa, FL 33626

Name and Title: Lori Taylor - Director  
Address: 6107 Galleon Way  
Tampa, FL 33615

Name and Title: Tina Dumar - Treasurer  
Address: 4307 West Swann Avenue  
Tampa, FL 33609

Name and Title: Matt Schreiber - Director  
Address: 20005 Lomond Lane  
Tampa, FL 33647

Name and Title: Joel Playford - Director  
Address: 11118 Irish Moss Ave  
Riverview, FL 33569

Name and Title: Amanda Osmera - Director  
Address: 5106 Bell Chase Circle  
Tampa, FL 33634

### **ARTICLE VI REGISTERED AGENT**

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

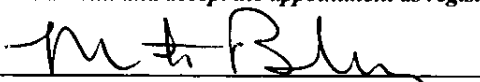
Name: Mike Bunkley  
Address: 13711 Antler Point Drive  
Tampa, FL 33626

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Mike Bunkley  
Address: 13711 Antler Point Drive  
Tampa, FL 33626

*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*

  
Required Signature of Registered Agent

1-6-12  
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.*

  
Required Signature of Incorporator

1-6-12  
Date

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Tampa, FL 33609

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1-6-12

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