## N12000002067

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| (Cit                    | ty/State/Zip/Phone | #)        |
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| PICK-UP                 | <b>₩</b> WAIT      | MAIL      |
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| •                       |                    | . /       |
| Certified Copies        | _ Certificates     | of Status |
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| Special Instructions to | Filing Officer:    |           |
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DEPARTHENT OF STATE

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12 FEB 23 PM 1: 32

## COVER LETTER

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

| SUBJECT: Kidco Helping Hands Inc.               |  |                                     |  |  |  |
|---|--|-------------------------------------|--|--|--|
| (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) |  |                                     |  |  |  |
|   |  |                                     |  |  |  |
|   |  | -                                   |  |  |  |
|   |  | , <b>-</b>                          |  |  |  |
| Enclosed is an original a                       | and one (1) copy of the Artic              | cles of Incorporation and a         | check for:                                       |  |  |
| \$70.00<br>Filing Fee                           | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate |  |  |
| . ·   |  | ADDITIONAL COR                      | PY REQUIRED                                      |  |  |
|   |  |                                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,          |  |  |
| FROM:   | Valerie Stewart                            |                                     |  |  |  |
| **************************************          | Name (Printed or typed)                    |                                     |  |  |  |
|   | 1241 West Tharpe Street                    |                                     |  |  |  |
| Address   |  |                                     |  |  |  |
| Tallahassee, Florida 32303                      |  |                                     |  |  |  |
| City, State & Zip                               |  |                                     |  |  |  |
| 850.339.7512                                    |  |                                     |  |  |  |
|   | 1241 West aylame Balephone number          |                                     |  |  |  |
|   | ,  |                                     |  |  |  |
|   | E-mail address: (to be used for t          | future annual report notification   | n)   |  |  |

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

## ARTICLES OF INCORPORATION

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

1150

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NAME

Kideo Helping Hands Inc.

| The name of the  | corporation shall be:   | s inc.  | are a carry of STATE  |
|--|---|---|---|
| THE HAIRE OF THE   | corporation shall be.   |   | SEURCIARY OF STATE<br>TALLAHASSEE, FLORIDA  |
| ARTICLE II   | PRINCIPAL OFFICE  |   | JALLAHASSELIT COMBIN  |
|  | Principal street address  |   | Mailing address, if different is:   |
|  | 1241 West Tharpe Street   |   | P.O. Box 180673   |
|  | Tallahassee, Florida 32303  |   | Tallahassee, Florida 32318  |
|  |   |   |   |
| ARTICLE III  | PURPOSE   |   |   |
| The purpose for  | which the corporation is organized is:  |   |   |
| organizations that qualistributable to its m<br>for service rendered<br>be distributed for on- | embers, trustees, officers, or other private persons, except t  | <ul> <li>Internal Revenue tax or<br/>that the corporation shall<br/>be purposes set forth in a<br/>01(c) (3) of the Internal F</li> </ul> | ode. No part of the earnings of the corporation shall benefit or be<br>be authorized and empowered to pay reasonable compensation<br>article third. Upon the dissolution of the corporation, assets shall<br>devenue code, or the corresponding section of any future federal   |
| ARTICLE IV   | MANNER OF ELECTION The manner   | r in which the direct   | ors are elected and appointed:  |
| As Started in  | n the By Laws   |   | •   |
| ARTICLE V  | INITIAL OFFICERS AND/OR DIREC   |   |   |
| Name and   | Title: Valerie Stewart - President  | Name and Tit  | tle: Tommy Price - Vice President   |
| Address:   | P.O. Box 180673   | Address:  | P.O. Box 180673   |
|  | Tallahassee, Florida 32318  | · · · · · · · · ·   | Tallahassee, Florida 32318  |
|  |   |   |   |
| Name and   |   |   | tle:  |
| Address:   |   |   |   |
|  |   |   |   |
|  |   |   |   |
|  |   |   |   |
| Name and   | Title:  | Name and Ti   | tle:  |
| Address:   |   | Address:  |   |
|  |   |   |   |
|  |   | <del></del>   |   |
| ARTICLE VI   | REGISTERED AGENT  |   |   |
| The name and F   | lorida street address (P.O. Box NOT acceptable  | e) of the registered a  | gent is:  |
| Name:  | Valerie Stewart   |   | Pri 70  |
| Address:   | 1241 West Tharpe Street   | <del></del>   | <u> </u>  |
|  | Tallahassee, Florida 32313  |   | The second  |
|  |   |   | 57 N game   |
|  |   |   | Solution of the second of the |
| ARTICLE VII  | INCORPORATOR  |   |   |
|  | ddress of the Incorporator is:  |   |   |
| Name:  | Valerie Stewart   |   |   |
| Address:   | P.O. Box 180673   |   | ်င္း ယ  |
|  | Tallahassee, Florida 32318  | ·····   | 프스 2  |
|  | T CHILD TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO |   | <b>9</b> 0%   |
|  |   | <del></del>   | <i>*</i>  |
| Having been na   | med as registered agent to accept service of p  | rocess for the abov   | e stated corporation at the place designated in this  |
| certificate, I am  | familiar with and accept the appointment as reg   | istered agent and ag  | ree to act in this capacity   |
|  | 0 1   |   | 1 1   |
| 9/2  | lead the west   |   | 2/22/2011   |
| - 000  | Required Signature of Registered Age  |   | - Stop OV   |
|  | Required Signature of Registered Age  | an an   | l raicl   |
| Leubmit this do  | remont and affirm that the facts stated bosoin a  | re true I am aware  | that any false information submitted in a document  |
|  | rument and affirm that the facts stated herein a<br>nt of State constitutes a third degree felony as pr   |   |   |
|  | - · · · · · · · · · · · · · · · · · · ·   |   | , / /   |
| a/   | 1 1 4   |   | 2/22/24/  |
| Va_  | lexie Stewart  Required Signature of Incorpora  |   | <u> </u>  |
|  | Required Signature of Incorpora   | ator  | / Date /  |
|  |   |   |   |