

N12000003240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

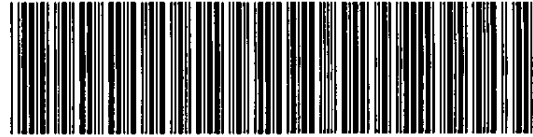
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/09/12--01008--023 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 26 PM 12:04

PS 3/27/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2012

ANIL JETHWANI
11740 SW 97TH TERR
OCALA, FL 34481

SUBJECT: HELPING EDEMA & LYMPHEDEMA PATIENTS (HELP), INC
Ref. Number: W12000014382

We have received your document for HELPING EDEMA & LYMPHEDEMA PATIENTS (HELP), INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return 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) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 312A00009150

*Thank you Pamela.
If you have any
questions, Pl. call me @
352 216 2130.
Anil Jethwani*

COVER LETTER

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

SUBJECT: Helping Edema & Lymphedema Patients (HELP), 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: Anil Jethwani

Name (Printed or typed)

11740 SW 97th Terr

Address

Ocala FL 34481

City, State & Zip

352-237-0073

11740 SW 97th Terr Telephone number

anil@thetherapyforyou.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)

And 3/30/12

ARTICLE I NAME

The name of the corporation shall be:

Helping Edema & Lymphedema Patients

, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

11740 SW 97th Terr

Ocala FL 34481

Mailing address, if different is:

PO Box 4949

Ocala FL 34478

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Providing assistance and support for people with swelling/edema and Lymphedema.

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

Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anil Jethwani, President

Address: 11740 SW 97th Terr

Ocala FL 34481

Name and Title: _____

Address: _____

Name and Title: Meenu Jethwani, Vice President

Address: 11740 SW 97th Terr

Ocala FL 34481

Name and Title: _____

Address: _____

Name and Title: Jerry Sammons, Secretary

Address: 11740 SW 97th Terr

Ocala FL 34481

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: Anil Jethwani

Address: 11740 SW 97th Terr

Ocala FL 34481

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anil Jethwani

Address: 11740 SW 97th Terr

Ocala FL 34481

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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

Anil Jethwani
Required Signature of Registered Agent

3/7/2012
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.

Anil Jethwani
Required Signature of Incorporator

3/7/2012
Date