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COVER LETTER

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

SUBJECT: Good	Samaritan Help C	Organization, I	NC. JDE SUFFIX)	_	
Enclosed is an original a \$70.00 Filing Fee	and one (1) copy of the Articl \$78.75 Filing Fee & Certificate of Status	es of Incorporation and \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate		
FROM:	Richler Beauge, Eva	angelist ted or typed)		!	
	6312 Laurelwood	ct.	- SEC	2012	
	Orlando, FL 3281	8 ate & Zip	AHASSEI AHASSEI	2012 MAY 16	المحادثات الم
	(407) 879-8769 6312 Lau Paytime Clelo	ephone number	E FLORE		1
	richlerbeauge@ E-mail address: (to be used for fu			ස <u>ි</u>	

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I

ARTICLE I	NAME Good Samaritan Help (Organization.	. Inc.
The name of the o	corporation shall be:	organization,	, 1110.
ARTICLE II	PRINCIPAL OFFICE		
ARTICLE II	Principal street address		Mailing address, if different is:
	6312 Laurelwood ct.		Maining address, it different is.
•	Orlando, FL 32818		
	NI III MARIE II WALLE	- -	
<u>ARTICLE III </u>	PURPOSE		
The purpose for	which the corporation is organized is:		
	an Help Organization is a faith-based group		
			le free elementary, middle, and high school
education to d	children whose families cannot afford to sen	d them to scho	ool. We also offer vocational training.
ARTICLE IV	MANNER OF ELECTION The manner in		
Anyone who is inte	rested in a position at this organization must submit a resun t up an in-person interview. At a later date, the applicant will	ne to the director. Ba	ased on what is highlighted in the resume, the applicant will
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO		to a best fit for the position.
	Title: Richler Beauge, Director EVANOR	ame and Title	e:Carley Beauge, Assistant Director
Address:	6312 Laurelwood ct.	_ Address:	6312 Laurelwood ct.
	Orlando, FL 32818		Orlando, FL 32818
		_	
Name and	Title:Richler J. Beauge, Assistant Director	Name and Titl	e: Lucrecia Martez
Address:	6312 Laurelwood ct.		Calle Gregorio Luperon no. 2
11-414221	Orlando, FL 32818	<u>-</u>	Brisas del este, municipio provincia
		_	Santo Domingo, Dominican Republic
	Title:	-	e:
Address:		_ Address:	
		=	
			
ARTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable) of	the registered ag	ent is:
Name: Address:	Richler Beauge	_	F100 ~
Address:	6312 Laurelwood ct. Orlando, FL 32818		
	Chando, 1 L 52016	-	AR AR
			
<u>ARTICLE VII</u>	INCORPORATOR		SE 5
•	ddress of the Incorporator is:		m ₀
Name:	Richler Beauge	_	
Address:	6312 Laurelwood ct. Orlando. FL 32818		
Onan	Ollaliuo. PL 32010		an an
		_	<u> </u>
			stated corporation at the place designated in this
certificate, I am f	familiar with and accept the appointment as register	ed agent and agr	ee to act in this capacity
	Q. 11	•	·
	Richley Blough Required Signature of Registered Agent		5-14-12 Data
	Required Signature of Registered Agent		Date
I cuhmit this dos	umant and affirm that the facts stated borning are to	no Lamanara	hat any false information submitted in a document
	ument and ajjirm that the jacts stated hereth are tr it of State constitutes a third degree felony as provid		
Lopui mei	2 1		
	Kichly Bearing		5-14-12
	Required Signature of Incorporator		3-14-12 Date