

N12000005079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

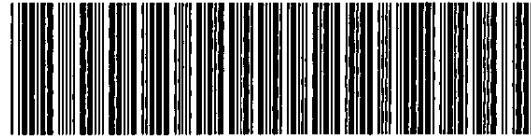
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

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

SUBJECT: Project 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: Jill S. Asbury  
Name (Printed or typed)

421 Nuestra Place  
Address

Groveland, FL 34736  
City, State & Zip

352 . 348 . 3736  
Daytime Telephone number

jill@goprojecthelp.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
12 MAY 17 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 8, 2012

JILL S. ASBURY  
421 NUESTRA PL  
GROVELAND, FL 34736

SUBJECT: PROJECT HELP, INC.  
Ref. Number: W12000025570

We have received your document for PROJECT HELP, INC. and your check(s) totaling \$87.50. 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.**

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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 912A00013816

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

**ARTICLE I NAME**

The name of the corporation shall be: Project HELP of Lake County, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
421 Nuestra Place  
Groveland, FL 34736

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to serve as a community, ministry outreach. Helping hungry and homeless people with any needs they might have.

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

Management team/board holds a meeting & votes are placed.

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

Name and Title: Jill Asbury / CEO  
Address: 421 Nuestra Place  
Groveland, FL 34736

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

Name and Title: Deborah Ringer / Assistant  
Address: 4011 E. Cardinal Pines Dr.  
Mascotte, FL 34753

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

Name and Title: Sherman Wilder / Pastor  
Address: 573 East Desoto Street  
Clermont, FL 34711

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: Jill Asbury  
Address: 421 Nuestra Place  
Groveland, FL 34736

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jill Asbury  
Address: 421 Nuestra Place  
Groveland, FL 34736

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

Jill Asbury

Required Signature of Registered Agent

5/15/12  
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.

Jill Asbury

Required Signature of Incorporator

5/15/12  
Date