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Office Use Only



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SECRETARY OF SIGHT

1#

COVER LETTER

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

SUBJECT: HERE'S HELP FOUNDATION, CORP
(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

\$87.50

Filing Fee

Filing Fee,

- 4·

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: KENNETH BUNKE
Name (Printed or typed)

2850 SUNKISE LAKES DRIVE W #302

SUNRISE FL 33322 City, State & Zip

954-203-0367

Daytime Telephone number

Woodfordcoffa qe83 & Gmail. Com E-mail address: (to be used for future annual report notification)

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



January 3, 2014

KENNETH BURKE 2850 SUNRISE LAKES DRIVE, W #302 SUNRISE, FL 33322

SUBJECT: HERE'S HELP FOUNDATION, CORP

Ref. Number: W14000000447

We have received your document for HERE'S HELP FOUNDATION, CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 514A00000179

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

The name	E II PRINCIPAL OFFICE			2017	FEDIA	BH a i -
<u> </u>	Principal street address:		Mailing addre			PM 2: 10
4	1850 SUNKISG LAKES DIV	1c W #302	-			are with 3
	SUNKISE, FL 333	-				
ARTICLE The purpos WITH	se for which the corporation is organized is: mental heath ISS Le Who Wish to Attan	170 count sucs. 2/1 1 college	ISCL AT-RI	ISK Y Scolonsk	outh	STRUGSLING OCICUANG
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ARTICLE	E IV MANNER OF ELECTION T	he manner in which t	he directors are elected	1 and appoin	ted: By	vote
ARTICLI			he directors are elected	l and appoin	ted: By	vote
ARTICL		R DIRECTORS	,		'	vote
ARTICL	E V INITIAL OFFICERS AND/OF	R DIRECTORS Mod Name and Tit	,		'	vote
ARTICL	E V INITIAL OFFICERS AND/OF	R DIRECTORS Mod Name and Tit	,		'	vote
ARTICL	Title: Konneth BURKE-PRESID 2850 SUNFASE LAKES BU	R DIRECTORS Mod Name and Tit	,		'	
ARTICL: Name and Address	Title: Kenneth BURKE-PRESIDE W#302 Sumise, FL 33322	DIRECTORS Month Name and Tit Month Address:	le:			vote
ARTICLA Name and Address	Title: Konneth BURKE-PRESIDE W #302 Sumise, FL 33322 Title: BRUCE Hibbert-TRONSE	Address: Name and Tit	le:			
ARTICLA Name and Address . Name and	Title: Kenneth BURKE-PRESIDE W#302 Sumise, FL 33322	Address: Address: Address:	le:			
ARTICL: Name and Address Name and	Title: Kenneth BURKE-PRESIDE ASSO SUNFISE LAKES BIT W#302 SUMISE, FL 33322 Title: BRUCE Hibbert-TREASE	ADIRECTORS And Name and Tit Address: Address: Address:	le:			
ARTICL: Name and Address . Name and	Title: Konneth BURKC-PRESIDE 2850 SUNFISE LAKES BIT W #302 Sumise, FL 33322 Title: BRUCE Hibbert-TRONSE 4011 NW 15th Street Landenhill, FL 3331	Address: Address: Address: Address: Address:	le:			

Name and Title:_	·	Name and Title:	FIGEL SECRETARY OF STVISION OF PORF	ESTATE FORATIONE	*j;
Address		Address:	2014 FEB 13 P		
]				
Address		Address:			
ARTICLE VI	REGISTERED AGENT				, # ₁ , .
' - '	orida street address (P.O. Box NOT accepta		agent is:		
Name:	Raymond Conses				
Address:	Pampano Beach, M	33063			
ARTICLE VII The name and ad	INCORPORATOR dress of the Incorporator is:				
Name:	KENNETH BURKE				
Address:	2850 SUNRISE LAKES	DRIVE W #30	2_		
	SUNRISE, FL 333	22			
	ned as registered agent to accept service of smiliar with and accept the appointment as			e designated in this	. gr
. 4	Required Signature of Registered A		12/26	# 2013	
	Required Signature of Registered A	agent	Date	•	
I submit this docu to the Department	ment and affirm that the facts stated herein of State constitutes a third degree felony as	are true. I am awar provided for in s.81	e that any false information subn 7.155, F.S.	nitted in a document	
 	Required Signature of Incorpo	orator	12 28 Dat	2013 e	