

N14 600005057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

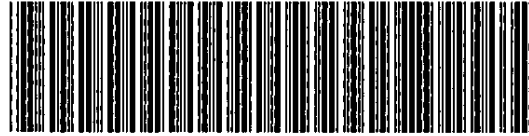
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
14 MAY 28 PM 1:19

~~674400005721~~
6/10/14

COVER LETTER

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

SUBJECT: Helping Hands Network 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,
Certs. Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Liudvika (Juliet) Vilcinskas
Name (Printed or typed)

5030 Clark Rd #243
Address

Sarasota, FL, 34233
City, State & Zip

888-250-5052
Daytime Telephone number

PowerSaversLLC@gmail.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

April 23, 2014

LIUDVIKA VILCINSKAS
4030 CLARK RD #243
SARASOTA, FL 34233

SUBJECT: HELPING HANDS NETWORK INC
Ref. Number: W14000025721

We have received your document for HELPING HANDS NETWORK INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 614A00008645



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2014

LIUDVIKA VILCINSKAS
4030 CLARK RD #243
SARASOTA, FL 34233

SUBJECT: HELPING HANDS NETWORK INC
Ref. Number: W14000025721

We have received your document for HELPING HANDS NETWORK INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 614A00008645

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

ARTICLE I NAME

The name of the corporation shall be: Helping Hands Network Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6730 15th St E

Sarasota, FL, 34243

Mailing address, if different is:
5020 Clark Rd #243

Sarasota, FL, 34233

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: We believe that Florida is overloaded
with items that are left behind by the people who passed away.
We are willing to open thrift stores in the places of the US where
people need these things. This way they can be reused instead of
littering our earth. All profits will go to the Saint Vincent De Paul
Society.

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

Meetings every 3 months

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Liudvika Vilcinskas

Address: Director
4451 Hollybrook Way
Sarasota, FL, 34233

Name and Title: John Adam Babiarz

Address: Member
6730 15th St Unit C
Sarasota, FL, 34243

Name and Title: Andrius Vilcinskas

Address: Officer
4451 Hollybrook Way
Sarasota, FL, 34233

Name and Title: David Douthitt

Address: Member
6173 Nick Ct
Sarasota, FL, 34243

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 28 PM 1:19

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Andrius Vilcinskas

Address: 4451 Hollybrook Way
Sarasota, FL, 34233

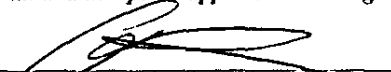
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Liudvika Vilcinskas

Address: 4451 Hollybrook Way
Sarasota, FL, 34233

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

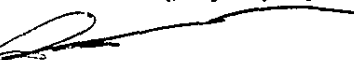


Required Signature of Registered Agent

4-15-14

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.



Required Signature of Incorporator

4-15-2014

Date