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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

DEC 30 2014**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

A. DUNLAP

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FLORIDA PROFIT/NON PROFIT CORPORATION
DELGADO HELPING HAND,CORP.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

OF

DELGADO HELPING HAND,CORP.

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

DELGADO HELPING HAND,CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**11811 SW 200 ST
MIAMI,FL 33177**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**THIS CORPORATION IS ORGANIZED EXCLUSIVELY FOR DONATION
OF DOMESTIC HOUSEHOLD PRODUCTS AND OTHERS FOR LOW-
INCOME FAMILIES**

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

BY MINUTES AND BY LAWS

**CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300**

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ARTICLE V**INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

**VIDAL DELGADO
11811 SW 200 ST
MIAMI,FL 33177**

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

List name(s), address(as) and specific title(s):

**VIDAL DELGADO
11811 SW 200 ST
MIAMI,FL 33177**

PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

**VIDAL DELGADO
11811 SW 200 ST
MIAMI,FL 33177**

The undersigned incorporator(s) has (have) executed these Articles of incorporation this 29 day DECEMBER, 2014.



VIDAL DELGADO

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of

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Florida

1. The Name of the corporation is:

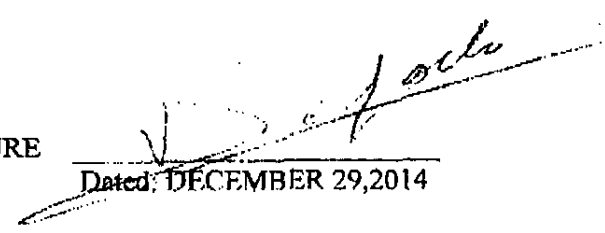
DELGADO HELPING HAND,CORP.

2. The Name and Address of the registered agent and office is

**VIDAL DELGADO
11811 SW 200 ST
MIAMI,FL 33177**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE


Dated: DECEMBER 29, 2014**THIS CORPORATION WILL START OPERATING ON JANUARY 1ST, 2015**

CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300

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