

NI4000011719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500266646855

12/01/14--01028--018 \*\*78.75

14 DEC 29 AM 8:16  
RECEIVED  
FBI - NEW YORK

WA-72193

## COVER LETTER

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

SUBJECT: **Go Help Africa 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: **Sabrina Samuel**

Name (Printed or typed)

**574 Orange Blossom Lane**

Address

**DeLand FL 32724**

City, State & Zip

**240-353-9656**

Daytime Telephone number

**sabrina.samuel@gohelpfrica.org**

E-mail address: (to be used for future annual report notification)

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

RECEIVED

14 DEC 16 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2014

SABRINA SAMUEL  
574 ORANGE BLOSSOM LN  
DELAND, FL 32724

SUBJECT: GO HELP AFRICA  
Ref. Number: W14000072193

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

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

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: 214A00025494



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
14 DEC 29 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 18, 2014

SABRINA SAMUEL  
574 ORANGE BLOSSOM LN  
DELAND, FL 32724

SUBJECT: GO HELP AFRICA  
Ref. Number: W14000072193

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

You failed to make the correction(s) requested in our previous letter.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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: 214A00025494

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

**ARTICLE I    NAME**

The name of the corporation shall be: Go Help Africa, INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
574 Orange Blossom Lane  
DeLand FL 32724

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: A U.S. BASED NON PROFIT  
CHARITY TO PROVIDE FOOD, CLOTHING &  
OTHER ITEMS TO KIDS IN AFRICA.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: By proxy vote

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

Name and Title: Sabrina Samuel  
Address: 574 Orange Blossom Lane  
DeLand FL 32724

Name and Title: J. Hyle Poole  
Address: 574 Orange Blossom Lane  
DeLand FL 32724

Name and Title: Maria Braithwaite  
Address: 314 Hawthorn Drive  
Raeford, NC 28376

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

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

14 DEC 29 AM 8:16

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: SABRINA POOLE  
Address: 574 Orange Blossom Lane  
De Land FL 32742

14 DEC 29 AM 8:16  
RECEIVED  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SABRINA POOLE  
Address: 574 Orange blossom Lane  
De LAND FL 32724

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.

Sabrina Poole  
Required Signature of Registered Agent

12/12/14  
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.

Sabrina Poole  
Required Signature of Incorporator

12/12/14  
Date