

N15000005890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

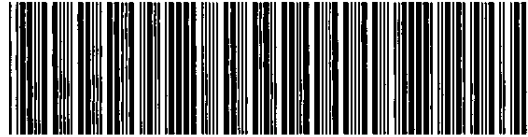
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600273040666

06/09/15--01018--006 \*\*87.50

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN -9 AM 10:15

FILED

FILED

10 15-15


Hello.

6/2/15

I am a handicapped woman. I've had Multiple Sclerosis for 27 years. I use a wheelchair scooter. Because of my handicap, I do not drive. I ask for your kindness, patience, help and compassion when processing my application for a non-profit. I can only achieve establishing this non-profit with your help. If you have any questions, please call me to expedite establishing this non profit. I express my gratitude to you. Thank you.

Kim Vida

407-610-3600

KIM 

## COVER LETTER

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

**SUBJECT:** Helping God's Children Fund *INC.* *py custom or*  
**(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:** Kim Vida  
\_\_\_\_\_  
Name (Printed or typed)

P.O Box 681  
\_\_\_\_\_  
Address

Winter Park, FL 32790  
\_\_\_\_\_  
City, State & Zip

407-610-3600  
\_\_\_\_\_  
Daytime Telephone number

dodgerkim4@yahoo.com

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

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

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

**ARTICLE I NAME**

The name of the corporation shall be: Helping God's Children Fund INC. per customer ch

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1701 Lee Road Apt 480P

Winter Park, FL 32789

Mailing address, if different is:  
P.O. Box 681

Winter Park Fl 32790

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: promoting Catholic school education

promoting pet therapy and kindness visits in nursing homes

promote and help handicapped people

15 JUN -9 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

Name and Title: Bob Dein (director)

Address: 1957 N Honore Ave.  
Sarasota, FL 34235

Name and Title: Dave Wroblicky (director)

Address: 3526 Munsey Pl  
Casselberry, Fl 32707

Name and Title: Susan Fray (director)

Address: 4630 S. Kirkman Rd  
orlando, Fl 32811

Name and Title: Tom Garrahan (director)

Address: P.O. Box 681  
Winter Park, FL 32790

Name and Title: Nancy Stinton (director)

Address: 4564 New Broad St  
Orlando, FL 32814

Name and Title: Annabelle Zippo (director)

Address: PO Box 181156  
Casselberry, FL 32718

Name and Title: Rosario Ortigao (director)

Address: 1850 Lee Road Ste 313  
Winter Park, FL 32789

Name and Title: Shirley Osgood (director)

Address: 601 Jamestown Dr Apt B  
Winter Park, FL 32792

Name and Title: Kim Vida (director)

Address: P.O. Box 681  
Winter Park, FL 32790

Name and Title: Arlene Wroblicky (director)

Address: 3526 Munsey Pl  
Casselberry, FL 32707

**ARTICLE VI REGISTERED AGENT**

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

Name: Kim Vida  
Address: 1701 Lee Road Apt 480P  
Winter Park, FL 32789

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kim Vida  
Address: 1701 Lee Road  
Winter Park, FL 32790

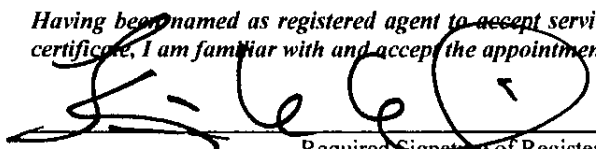
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

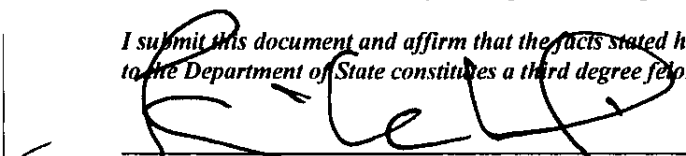
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

6/5/15  
\_\_\_\_\_  
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

6/5/15  
\_\_\_\_\_  
Date