

N1500001198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

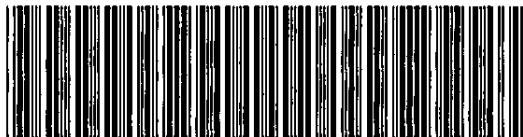
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOV 19 2015

S. GILBERT

COVER LETTER

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

SUBJECT: NEIGHBORHOOD HELP ASSOCIATES, 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: Michael Walsh

Name (Printed or typed)

4755 TECHNOLOGY WAY, SUITE 102

Address

BOCA RATON, FLORIDA 33431

City, State & Zip

(561)929-6477

Daytime Telephone number

WALSH7746@GMAIL.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: NEIGHBORHOOD HELP ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4755 TECHNOLOGY WAY

SUITE 102

BOCA RATON, FLORIDA 33431

Mailing address, if different from principal office:
SAME

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STATE OF FLORIDA
HALL AMARSEL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The company simply provides consumer callers with educational information regarding tax matters. The company does not provide or perform any tax related services whatsoever. Instead, the volunteers that answer inbound calls only simply educate the consumer about various governmental programs. The volunteer's direct callers to government agency phone numbers and addresses and websites so the consumer can reach the correct department and/or entity.
The company has no way of accepting any money from a consumer.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dominique Kaskonrobinson

Address: 4755 Technology Way Suite 102
Boca Raton, FL 33431

Name and Title: Dominique Kaskonrobinson President

Address: 4755 Technology Way Suite 102
Boca Raton, FL 33431

Name and Title: Mynor Acevedo

Address: 4755 Technology Way Suite 102
Boca Raton, FL 33431

Name and Title: Mynor Acevedo Vice President

Address: 4755 Technology Way Suite 102
Boca Raton, FL 33431

Name and Title: Stephen Strole

Address: 4755 Technology Way Suite 102
Boca Raton, FL 33431

Name and Title: Stephen Strole Secretary

Address: 4755 Technology Way Suite 102
Boca Raton, FL 33431

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: Michael Walsh
Address: 4755 Technology Way Suite 102
Boca Raton, FL 33431

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Dominique Kaskonrobinson
Address: 4755 Technology Way Suite 102
Boca Raton, FL 33431

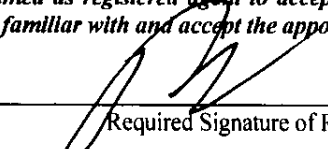
ARTICLE VIII EFFECTIVE DATE: 10/22/2015

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

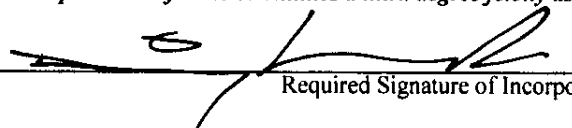


Required Signature of Registered Agent

10/22/2015

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

10/22/2015

Date