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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

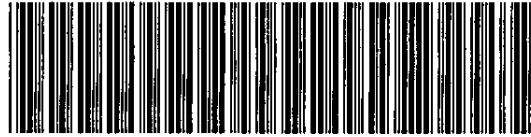
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TALLAHASSEE, FLORIDA

DEC 2 2015

S. GILBERT

## COVER LETTER

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

**SUBJECT:** The Help Resource Center, 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:** Patricia Gamble  
\_\_\_\_\_  
Name (Printed or typed)  
  
2681 NW 5th Street  
\_\_\_\_\_  
Address  
  
Pompano Beach, FL 33069  
\_\_\_\_\_  
City, State & Zip  
  
954-304-2929  
\_\_\_\_\_  
Daytime Telephone number  
  
THRC101@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: The Help Resource Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
2681 NW 5th street

Pompano Beach, FL 33069

Mailing address, if different is:

15 NOV 24 PM 5:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose of The Help Resource Center, Inc. is to advance the economic welfare for the residents of Collier City neighborhood by providing resources that focus on self-improvement and sufficiency. This is to be achieved by providing consultation, workshops and trainings related to employment, rehabilitation and economic development services.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: The chair of the board will preside over meetings to elect officers of the board. Officers in place will vote on additional members needed and/or offices they will hold.

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

Name and Title: Patricia Gamble (Chair) Name and Title: \_\_\_\_\_

Address: 2681 NW 5th Street Address: \_\_\_\_\_  
Pompano Beach, FL 33069

Name and Title: Joan Gosier (Marketing/Finance) Name and Title: \_\_\_\_\_

Address: 600 Winston Church Hill Drive Address: \_\_\_\_\_  
Hopewell, VA 23860

Name and Title: JoAnn Jordan (Treasurer) Name and Title: \_\_\_\_\_

Address: 1131 Park Drive Address: \_\_\_\_\_  
Ft. Lauderdale, FL 33312

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: Patricia Gamble

Address: 2681 NW 5th Street  
Pompano Beach, FL 33069

**ARTICLE VII INCORPORATOR**

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

Name: Ebony Fayson

Address: 2681 NW 5th Street  
Pompano Beach, FL 33069

**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*

Patricia Gamble  
Required Signature of Registered Agent

11-18-15  
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.*

Ebony Fayson  
Required Signature of Incorporator

11/18/15  
Date