

N160000004563

(Requestor's Name)

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(City/State/Zip/Phone #)

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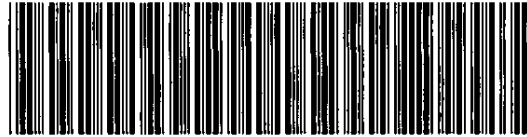
(Business Entity Name)

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COVER LETTER

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

SUBJECT: HELPING HANDS OF ZION, 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: Brittney Bush
Name (Printed or typed)

1110 Drew Ave.
Address

Orlando, Florida 32805
City, State & Zip

407-732-1465
Daytime Telephone number

brittneybsh@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: HELPING HANDS OF ZION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
1110 Drew Ave. Orlando, Florida 32805

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Helping Hands of Zion, Inc. is a charitable organization seeking to enhance the community by serving the Economic, Housing, Information, and Scholastic needs of the underprivileged, under-served, and unemployed in Central Florida.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As stated in Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles E. Williams, Jr., President

Address: 1110 Drew Ave., Orlando, Fl. 32805

Name and Title: Jerrel McCoy, Vice President

Address: 1110 Drew Ave., Orlando, Fl. 32805

Name and Title: Carlton Wright, Treasurer

Address: 1110 Drew Ave., Orlando, Fl. 32805

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: Charles E. Williams, Jr.
Address: 1110 Drew Ave.
Orlando, Florida 32805

ARTICLE VII INCORPORATOR

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

Name: Brittney Bush
Address: 1110 Drew Ave.
Orlando, Florida 32805

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

C.E.W.

Required Signature of Registered Agent

4/19/16
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.

Brittney Bush

Required Signature of Incorporator

4/19/16
Date

Helping Hands of Zion, Inc. Dissolution of Assets Provision

In the event of dissolution or final liquidation of the Helping Hands of Zion, Inc., all of the remaining assets and property of the Corporation shall, after paying or making provision for the payment of all of the liabilities and obligations of the Corporation and for necessary expenses thereof, be distributed to one (1) or more qualifying organizations described in Section 501(c)(3) of the Internal Revenue Code of 1986 (or described in any corresponding provision of any successor statute) which organization or organizations have a charitable purpose which, at least generally, includes a purpose similar to the terminating or dissolving corporation.

The organization to receive the assets of the Helping Hands of Zion, Inc., hereunder shall be selected by the discretion of a majority of the then existing managing body of the Helping Hands of Zion, Inc., and if its members cannot so agree, then the recipient organization shall be selected pursuant to a verified petition in equity filed in a court of proper jurisdiction against the Helping Hands of Zion, Inc., by one (1) or more of its managing body which verified petition shall contain such statements as reasonably indicate the applicability of this section. The court upon a finding that this section is applicable shall select the qualifying organization or organizations to receive the assets to be distributed, giving preference if practicable to organizations located within the State of Florida.