## N1W000007434

(Requestor's Name)				
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(2"	omooo zmay man			
	cument Number)	<del></del>		
(50	cument Humber)			
Cartificat Carrier	O-4E-4-	-501-1		
Certified Copies	_ Centificates	or Status		
Special Instructions to	Filing Officer:			

Office Use Only



400287431324

07/11/16--01020--005 \*\*87.50



## **COVER LETTER**

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

SUBJECT:	elpSquad,	inc		
	(PROPOSED CORPOR	RATE NAME - MUST ING .		
\$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 CO	PY REQUIRED	
FROM: Sarah Bunny Name (Printed or typed)				
1363 5 Irm Day				

helpsquad. helping of the spanal. Com E-mail address: Wo 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)

The name of the corporation shall be: Help Squad, in C					
ARTICLE II PRINCIPAL OFFICE					
Principal street address:  1363 5 Tron Dive  Principal Street address:  1363 5 Tron Dive  P.O. Box 7811					
Lakeland, Fr. 33807 Lakeland Fr. 33807					
ARTICLE III PURPOSE The purpose for which the corporation is organized is: to provide Charitable scruices to help. Children in Foster Care and at risk youth in local communities. Help squad, inc will promote a healthy and positive lists tyle for Children and others in need. The purposes of this organization are limited to exclusively exempt purposes within the meaning of section 501030 of the internal revenue Code.  ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: They will					
De appointed by the committee.  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS					
Name and Title: Sarah Bonney-Chair/CEO Jessica Lanier-Secretary  Address 1363 5 Iron Dive Address: 1309 Kcystone Pt.  Laterand FL 33801 Autumodate, FL 33823.					
Name and Title: Vernolda Dilworth Name and Title: Post of Address Partow F. 33801					
Name and Title: Gloria Kellum - Treasure  Address  Lakeland, Fr. 33802					

Name and Title:	Name and Title:	· · · · · · · · · · · · · · · · · · ·
Address	Address:	
Name and Tisla.	N	<del>,</del>
Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGI The name and Florida street address	(P.O. Box NOT acceptable) of the registered agent is:	••••
Name: Sarah	· Bonney	POS 5
	5 Iron Brive	AHASA
Lakela	nd, Fr. 33807	SA PA
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorpor	0	<u> </u>
Name: SCHOL	in Bonney	`` <b>?*</b>
Address: 1363 S	S Iron Drive and F. 33801	
_ Cuca (	<u>una 16.0001</u>	
	FE:  of filing: (OPTIONAL)  te must be specific and cannot be more than five business of	days prior or 90 business days
after the filing.)		
<u>Note:</u> If the date inserted in this block document's effective date on the Department.	k does not meet the applicable statutory filing requirements, that artment of State's records.	his date will not be listed as the
Having been named as registered ag certificate, I am familiar with and acc	gent to accept service of process for the above stated corpora cept the appointment as registered agent and agree to act in the	ation at the place designated in this is capacity
Required S	Wy - SARAH Bonney Signature of Registered Agent	Date Date
	at the facts stated herein are true. I am aware that any false in a third degree felony as provided for in s.817.155, F.S.	nformation submitted in a document
Y Man Do	red Signature of Incorporator	7 / 7 / 1 6 Date
	$\bigvee$	/