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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W17-015574

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2017

LASAUNDRA ROBINSON  
2821 S.W. 37TH PL., APT. 64I  
GAINESVILLE, FL 32608

SUBJECT: HELPING TO OVERCOME INC.  
Ref. Number: W17000015574

We have received your document for HELPING TO OVERCOME INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 717A00003459

## COVER LETTER

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

SUBJECT: Helping To Overcome Incorporated "H2O 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: LaSaundra Robinson  
Name (Printed or typed)

2821 SW 37th Place Apt. 641  
Address

Gainesville, Florida 32608  
City, State & Zip

850-508-9153  
Daytime Telephone number

laSaundraRobinson8@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 To Overcome Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

2821 SW 37th place Apt. 64 E  
Gainesville, Florida 32608

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to help youth in the community become involved in a positive support system that promotes leadership, independent living, and academic excellence. The Helping To Overcome program will partner with local agencies within the community to provide mentoring opportunities for at-risk youth

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: To be provided for in the Bylaws

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

Name and Title: LaShundra Robinson Name and Title: Angela Nathan (Asst. Director)

Address: (Director) Address: 1902 Darryl Drive - Apt. A  
2821 SW 37th Place Apt. 64 E Tallahassee, FL 32301  
Gainesville, FL 32608

Name and Title: Leslie Robinson Name and Title: \_\_\_\_\_

Address: (President) Address: \_\_\_\_\_  
171 Fountain Drive  
Bainbridge, Ga 39819

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: LaSaundra Robinson

Address: 2821 SW 37th Place Apt. 641  
Gainesville, Florida 32608

**ARTICLE VII INCORPORATOR**

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

Name: LaSaundra Robinson

Address: 2821 SW 37th Place Apt. 641  
Gainesville, Florida 32608

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TALLAHASSEE, FLORIDA

**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 days prior or 90 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*

LaSaundra Robinson  
Required Signature of Registered Agent

3/2/17  
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.*

LaSaundra Robinson  
Required Signature of Incorporator

3/2/17  
Date