

N17000010283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

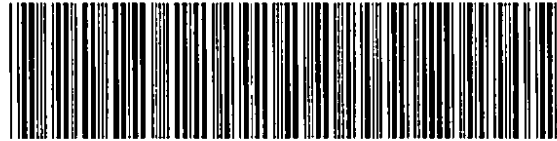
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OCT 13 2017

K. Brumbley

## COVER LETTER

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

SUBJECT: Helping Hands Ministry of Polk City, 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: Joseph McGary  
Name (Printed or typed)

10238 Old Spanish Trail  
Address

Polk City, FL 33868  
City, State & Zip

(863) 874-4212  
Daytime Telephone number

JOSEPH MCGARY1@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 Ministry, INC~~ J.M

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: INC Mailing address, if different is:  
10238 Old Spanish Trail  
Polk City  
Florida. 33868

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ~~The Purpose of Helping Hands~~  
~~Ministry, INC is to demonstrate God's love for~~  
~~all of mankind. JM.~~ The Purpose of  
Helping Hands Ministry of Polk City, INC is  
to demonstrate God's love for all of mankind.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Majority

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

Name and Title: Joseph McGary (President) Name and Title: \_\_\_\_\_

Address 10238 Old Spanish Trail Address: \_\_\_\_\_  
Polk City  
Florida. 33868

Name and Title: Ella McGary (Vice President) Name and Title: \_\_\_\_\_

Address 10238 Old Spanish Trail Address: \_\_\_\_\_  
Polk City  
Florida. 33868

Name and Title: Florentina Denis (Secretary) Name and Title: \_\_\_\_\_

Address 10238 Old Spanish Trl. Address: \_\_\_\_\_  
Polk City  
Florida. 33868

17 OCT 12 AM 8:44  
CLERK OF DISTRICT  
CLERK OF DISTRICT  
CLERK OF DISTRICT

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: Joseph McGary

Address: 10238 Old Spanish Trl  
Polk City, FL 33868

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Joseph McGary

Address: 10238 Old Spanish Trl.  
Polk City, FL 33868

**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*

Joseph McGary

Required Signature of Registered Agent

08-21-2017

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.*

Joseph McGary

Required Signature of Incorporator

08-21-2017

Date