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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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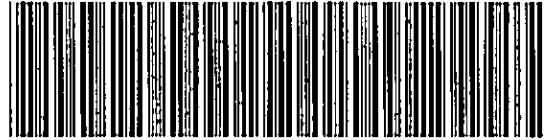
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE
FEB 23 2018

COVER LETTER

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

SUBJECT: HELPing Hands USA 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: CATHLENE Miner
Name (Printed or typed)

225 ATLANTIS Circle #204A
Address

ST. AUGUSTINE, FL 32080
City, State & Zip

336-655-3840
Daytime Telephone number

brendaminer@aol.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 Handbags USA Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

225 ATLANTIS Circle #204A

Mailing address, if different is:

SAME

ST. AUGUSTINE, FL
32080

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

We want to fill as many
Handbags/manbags as possible with
Sanitary and personal care products,
small items of clothing such as
underwear, snacks, etc. and distribute
them to homeless shelters for women and men.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: At the
Annual meeting, based on commitment to
purpose.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President / Director
Cathlene Miner

Address: 225 ATLANTIS Circle
#204A
ST. AUGUSTINE, FL 32080

Name and Title: Brendan Miner
Address: 225 ATLANTIS Circle
#204A
ST. AUGUSTINE, FL 32080

Name and Title: Secretary / Director

Address: _____

Name and Title: Vice President / Director
Brenda Dempsey

Address: 265A Fir tree Road
Epsom, Surrey,
KT 17 3LF

Name and Title: England, UK

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: CATHLENE Miner

Address: 225 ATLANTIS Circle # 204A
ST. AUGUSTINE, FL 32080

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TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CATHLENE Miner

Address: 225 ATLANTIS Circle # 204A
ST. AUGUSTINE, FL 32080

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

Cathlene M. Miner

Required Signature of Registered Agent

2/4/2018

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 s817.155, F.S.

Cathlene M. Miner

Required Signature of Incorporator

2/4/2018

Date