

N18 000 009 603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

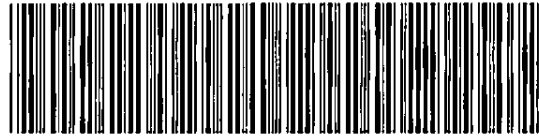
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400318067104

09/06/18--01006--011 \*\*87.50

RECEIVED  
DEPARTMENT OF STATE  
18 SEP - 6 PM 2:00

FILED  
2018 SEP - 6 PM 2:35  
SECRETARY OF STATE  
THASSEE, FL 32081

D O'KEEFE  
SEP 06 2018

## COVER LETTER

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

SUBJECT: Anything Can Help 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: Korls Orus  
Name (Printed or typed)

2915 shaver rd APT 1516  
Address

Tallahassee FL 32312  
City, State & Zip

(561) 800-8051  
Daytime Telephone number

AnythingCanHelpFoundation@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: Anything Can Help Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2915 Sharer rd Apt. 1516

Mailing address, if different is:

Tallahassee FL 32312

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Lend a hand and help a friend. We are a non-profit which focuses on providing the necessary help to those in need in any way possible. Our goal is to help change the life of each individual who are struggling with poverty and life hardships and can use a helping hand. Our mission is to Lend a hand and help a friend.

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

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

Name and Title: Judlyne Floeril (Chairperson) Name and Title: \_\_\_\_\_

Address: 2915 Sharer rd Apt 1516 Address: \_\_\_\_\_  
Tallahassee FL 32312

Name and Title: Korls Orus (Secretary) Name and Title: \_\_\_\_\_

Address: 2915 Sharer rd. Address: \_\_\_\_\_  
Apt. 1516 Tallahassee FL  
32312

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

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

CLERK OF THE  
TALLAHASSEE, FLORIDA

2018 SEP - 6 PM 2:55

FILED

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: Korls Orius

Address: 2915 Sharer rd Apt 1516

Tallahassee FL 32312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Korls Orius

Address: 2915 Sharer rd

Apt 1516 Tallahassee FL 32312


**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.)

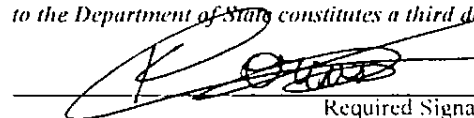
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature of Registered Agent

9/6/18  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

9/6/18  
\_\_\_\_\_  
Date

FILED  
2018 SEP - 6 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA