

# N19000008587

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

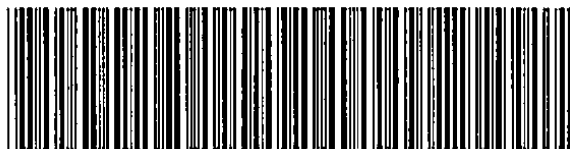
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. SAMS

AUG 15 2019

# COVER LETTER

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

HELPING OTHERS AND GIVING HOPE, INC.

**SUBJECT:** \_\_\_\_\_  
(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**

Patricia Arango  
**FROM:** \_\_\_\_\_  
Name (Printed or typed)  
14931 Sw 70 St  
\_\_\_\_\_  
Address  
Miami, FL 33193  
\_\_\_\_\_  
City, State & Zip  
(305) 401-0401  
\_\_\_\_\_  
Daytime Telephone number  
mirpatty@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

HELPING OTHERS AND GIVING HOPE, INC.

The name of the corporation shall be: \_\_\_\_\_

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

14931 Sw 70 St

Mailing address, if different is:

Miami, FL 33193

## ARTICLE III PURPOSE

Said corporation is organized exclusively for charitable, religious,

The purpose for which the corporation is organized is:

educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as

exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal

tax code. Helping Others And Giving Hope's mission is to provide our citizens through our communities with cost-saving home

improvements and beautification; provide them compassion; advocate for their needs within local government, building leadership

skills and appreciation to public service.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: \_\_\_\_\_ will be described

in the bylaws.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patricia Arango; President

Address: 14931 Sw 70 St Miami, FL 33193

Name and Title: Jason Miranda; Vice-President

Address: 14931 Sw 70 St Miami, FL 33193

Name and Title: Esteban Ferreiro; Treasure

Address: 14931 Sw 70 St Miami, FL 33193

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

SECRETARY OF STATE  
BELLAMASSEE COUNTY, FLORIDA

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FILED

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

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Patricia Arango  
 Address: 14931 Sw 70 St  
 Miami, FL 33913

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 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Patricia Arango  
 Address: 14931 Sw 70 St  
 Miami, FL 33193

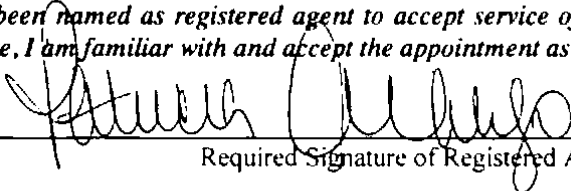
**ARTICLE VIII EFFECTIVE DATE:**

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

7/30/19

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

7/30/19

Date