

N2000002646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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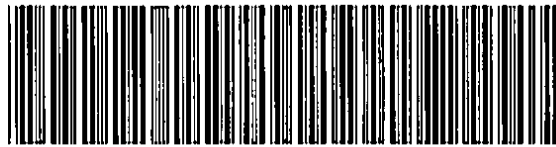
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W20000024392

COVER LETTER

(LTD. NON PROFIT)

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

SUBJECT: WILSON HELPING HANDS 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: RORIC A WILSON
Name (Printed or typed)

500 N CONGRESS AVE. SUITE 23
Address

WEST PALM BEACH, FL 33401
City, State & Zip

305 318 0942
Daytime Telephone number

RTAJR120050@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

WILSON HELPING HANDS INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address:500 N CONGRESS AVE SUITE 23WEST PALM BEACH, FLA 33401

Mailing address, if different is:

500 N Congress Ave Ste 23West Palm Beach - FLA 33401**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THE CORPORATION IS ORGANIZED PER (3) INDIVIDUALS PER
THE BY LAWS WHICH ARE A PRESIDENT, VICE PRESIDENT
AND A SECRETARY. TO ASSIST WITHIN THE COMMUNITY BY
Feeding the homeless.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:AS PER THE BY LAWS**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: RODIE A WILSON PRES

Name and Title: _____

Address

500 N CONGRESS AVE

Address: _____

SUITE 23WEST PALM BEACH, FLA 33401Name and Title: KIM MC GAWLEY VP

Name and Title: _____

Address

500 N CONGRESS AVE.

Address: _____

SUITE 23WEST PALM BEACH, FLA 3340Name and Title: SHIRLEY WILSON SEC

Name and Title: _____

Address

500 N CONGRESS AVE.

Address: _____

WEST PALM BEACH, FLA 33401
 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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RODIE WILSON
 Address: 500 N CONGRESS AVE SUITE 23
WEST PALM BEACH, FLA 33401

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: RODIE WILSON
 Address: 500 N CONGRESS AVE SUITE 23
WEST PALM BEACH, FLA 33401

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

[Signature]
 Required Signature of Registered Agent

FEB 25, 2020
 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.

[Signature]
 Required Signature of Incorporator

FEB 25, 2020
 Date