

# N 20000011247

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

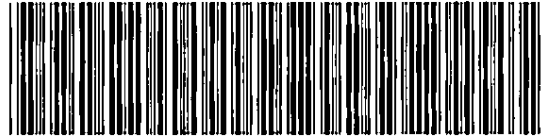
\_\_\_\_\_  
(Business Entity Name)

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

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

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## CAPITAL CONNECTION, INC:

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

HELP YATEEM USA, INC

Signature \_\_\_\_\_

Requested by: SETH

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Drop-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

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\_\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_\_ Courier \_\_\_\_\_

## COVER LETTER

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

SUBJECT: HELP YATEEM 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: Mark S. Mucci, Esq.

Name (Printed or typed)

5561 N. University Drive, Suite 102

Address

Coral Springs, FL 33067

City, State & Zip

954-323-1023

Daytime Telephone number

mark@bmwlawyers.net

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: HELP YATEEM USA, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1001 YAMATO ROAD

SUITE 301

BOCA RATON, FL 33431

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Corporation/Organization is established within the meaning of IRS  
Publication 557 Section 501(c) (3) Organization of the Internal Revenue Code of 1986, as amended (the "Code") or the correspond-  
ing section of any future federal tax code and shall be operated exclusively for/to the principal purpose for which the company has  
been organized which is for charitable and philanthropic purposes as those found to be exempt under section 501(c)(3) of the internal  
revenue code (the "business"). Notwithstanding any other provision of these Articles, this corporation shall not, except to an in-  
substantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Vote pursuant to  
By-Laws

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

Name and Title: SADIQ ALI, President

Address: 1001 YAMATO ROAD  
SUITE 301  
BOCA RATON, FL 33431

Name and Title: EYAD ABUSHADAN, Vice President

Address: 1001 YAMATO ROAD  
SUITE 301  
BOCA RATON, FL 33431

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

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

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

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

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

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

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

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

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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: Mark S. Mucci, Esq. \_\_\_\_\_

Address: 5561 N. University Drive, Suite 102 \_\_\_\_\_  
Coral Springs, FL 33067 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Mark S. Mucci, Esq. \_\_\_\_\_

Address: 5561 N. University Drive, Suite 102 \_\_\_\_\_  
Coral Springs, FL 33067 \_\_\_\_\_

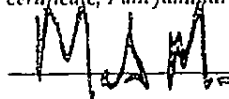
**ARTICLE VIII EFFECTIVE DATE:**

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

10/09/2020

\_\_\_\_\_  
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.

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

10/09/2020

\_\_\_\_\_  
Date