

N23000004004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

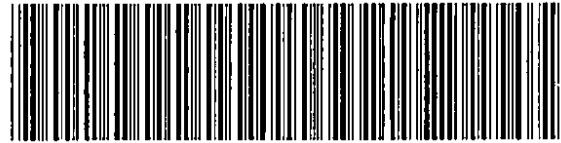
(Business Entity Name)

(Document Number)

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

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2023 APR 11 PM 3:29  
SECURITY DIVISION  
TALLAHASSEE, FLORIDA  
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2023 APR 11 PM 3:08  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Angel's Helping Hands Foundation, 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: Paola Rivera  
Name (Printed or typed)

3990 NW 605th St  
Address

Ocala, FL 34482  
City, State & Zip

352-792-3611  
Daytime Telephone number

paola201425@yahoo.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: Angel's Helping Hands Foundation Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

3990 NW 105th St

Ocala FL 34482

Mailing address, if different is:

Same

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Helping the homeless, as in Feeding  
hot meals, ~~hygiene~~ Hygiene products, Blankets, Jackets,  
clothes, shoes, Tent's anything that can help. Also  
helping with a natural disasters by providing food, water  
and other supplies need when there no power due Hurricane  
or other natural disasters.

## ARTICLE IV MANNER OF ELECTION

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

AS Stated in Bylaws

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Paola Rivera President

Address:

3990 NW 105th St

Ocala FL 34482

Name and Title:

Emily Hinton Treasure

Address:

3990 NW 105th St

Ocala, FL 34482

Name and Title:

~~Paola Rivera~~

Address:

~~3990 NW 105th St~~

Ocala FL 34482

Name and Title:

Jameer Ali Secretary

Address:

3990 NW 105th St

Ocala FL 34482

Name and Title:

Name and Title:

Address:

Address:

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2023 APR 11 PM 3:29  
STATE OF FLORIDA

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: Paola Rivers

Address: 3990 NW 105th St

Ocala, FL 34482

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Paola Rivers

Address: 3990 NW 105th St

Ocala, FL 34482

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 4/11/23 (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*

Paola Rivers

Required Signature of Registered Agent

4/11/23

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.*

Paola Rivers

Required Signature of Incorporator

4/11/23

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA