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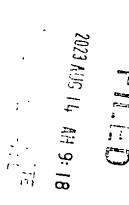
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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TO:

PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

Inc Authority, LLC 1450 Vassar Street Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

8/4/23

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Not-for-Profit Articles of Incorporation For HANDBAG HELPOUT, INC.

We have included payment in the amount of (\$70.00) for the following fees:

• Filing Fee

We have included one original

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of (Organization or Incorporation) to the address below:

Processing Department 1450 Vassar Street Reno NV 89502



IMPORTANT NOTICE



PLEASE SEND ALL DOCUMENTS –
APPROVED OR REJECTED TO THE ADDRESS
BELOW.

INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST

RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

COVER LETTER

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

SUBJECT: HANDBAG	HELPOUT, INC.				
	(PROPOSED CORP	ORATE NAME - <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed is an original a	and one (1) copy of the Ar	ticles of Incorporation and a	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 CO	PY REQUIRED		
FROM:	Processing Department				
	Na	me (Printed or typed)			
	1450 Vassar Street				
		Address	•		
	Reno, NV 89502			2023	
		City, State & Zip	-	AUG	1
	800-638-2320 ext 2225			2023 AUG 14 AM	·
	Dayt	ime Telephone number	-		-

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

E-mail address: (to be used for future annual report notification)

docs@incauthority.com

ARTICLES OF INCORPORATION

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

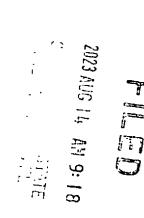
	the corporation shall be: HANDBAG H						
<u>ARTICLE II</u>	PRINCIPAL OFFICE						
Principal <u>street</u> address: 2401 Lakeshore Blvd Apt 4			Mailing address, if different is:				
	nt Cloud, FL., 34769						
	-			,		- 	
<u>ARTICLE II</u>	I PURPOSE	Halaina waman ta a	at off the street lift them up to	talea boole t	hair liva		
	for which the corporation is organized in			take pack t	inen iive		
from the stre	eets, and raise awareness about human t	trafficking and the signs	to look for.				
							
SEE ADDIT	TONAL ATTACHMENT						
						······	
				<u> </u>			
ARTICLE II	/ MANNER OF FLECTION The	number in which the dire	ctors are observed and annointed:		<u> </u>		
ARTICLE II	<u>MANNER OF ELECTION</u> The ed for in the bylaws.	manner in which the dire	ctors are elected and appointed:				
		manner in which the dire	ctors are elected and appointed:				
	ed for in the bylaws,		ctors are elected and appointed:				
As provide	INITIAL OFFICERS AND/OR DI		Sangarba Martin Director				
As provide	INITIAL OFFICERS AND/OR DI	<u>RECTORS</u>	Sangarba Martin Director		2023		
As provide ARTICLE V Name and Ti	ed for in the bylaws. INITIAL OFFICERS AND/OR DI tle:	RECTORS Name and Title	Samantha Martin, Director		2023 AUS		
As provide ARTICLE V Name and Ti	tle: 2401 Lakeshore Blvd Apt 4	RECTORS Name and Title Address:	Samuntha Martin, Director 2401 Lakeshore Blvd Apt 4 Saint Cloud, FL, 34769		2023		
As provide ARTICLE V Name and Ti	tle: Sharon Brown Director Sharon Sharon Brown Director Sharon Brown Sharon Brown Director Sharon Brown Sharon Brown Sharon Brown Sharon Sharon Brown Sharon Sharon Sharon Brown Sharon Sharon Brown Sharon Sha	RECTORS Name and Title Address:	Samuntha Martin, Director 2401 Lakeshore Blvd Apt 4 Saint Cloud, FL, 34769		2023 AUS 14 AX		
As provide ARTICLE V Name and Ti Address	tle: Sharon Brown Director Sharon Sharon Brown Director Sharon Brown Sharon Brown Director Sharon Brown Sharon Brown Sharon Brown Sharon Sharon Brown Sharon Sharon Sharon Brown Sharon Sharon Brown Sharon Sha	RECTORS Name and Title Address:	Samantha Martin, Director 2401 Lakeshore Blvd Apt 4		2023 AUS 14 AK 9:		
As provide ARTICLE V Name and Ti Address Name and Ti	tle: Sharon Brown, Director Sharon Brown,	RECTORS Name and Title Address: Name and Title	Samantha Martin, Director 2401 Lakeshore Blvd Apt 4 Saint Cloud, FL, 34769 Linda Bietti, Director		2023 AUS 14 AX		
As provide ARTICLE V Name and Ti Address Name and Ti	tle: Sharon Brown, Director Sharon Brown, Director 2401 Lakeshore Blvd Apt 4 Saint Cloud, FL, 34769	RECTORS Name and Title Address: Name and Title	Samuntha Martin, Director 2401 Lakeshore Blvd Apt 4 Saint Cloud, FL, 34769 Linda Bietti, Director 2401 Lakeshore Blvd Apt 4		2023 AUS 14 AK 9:		
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As provide ARTICLE V Name and Ti Address Name and Ti Address	tle: Sharon Brown, Director Sharon Brown, Director 2401 Lakeshore Blvd Apt 4 Saint Cloud, FL, 34769	Name and Title Address: Name and Title Address: Name and Title Address:	Samantha Martin, Director 2401 Lakeshore Blvd Apt 4 Saint Cloud, FL, 34769 Linda Bietti, Director 2401 Lakeshore Blvd Apt 4 Saint Cloud, FL, 34769		2023 AUS 14 AK 9:		

Name and Title:		Name and Title:		
Address _		Address:		
-				
Name and Title:		Name and Title:		
Address _		Address:		
-				
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT a	acceptable) of the registered agent	is:	
Name:	Inc Authority RA	<u> </u>		
Address:	390 North Orange Ave., Ste 2300-		· ;	20
	Orlando FL 32801		; ;	123 1
ARTICLE VII The name and a	INCORPORATOR ddress of the Incorporator is:			2023 AUS 14
Name:	Eliana Garcia			3 [
Address:	1450 Vassar Street		· · ·	<u>ہ</u> ص
	Reno, NV 89502		רין	ෆ
Effective date, if (If an effective of Note: If the date	other than the date of filing:	ic and cannot be more than five ne applicable statutory filing requ		·
	med as registered agent to accept serv familiar with and accept the appointme			ignated in this
11.000			8/4/23	
•	Required Signature of Regist	ered Agent	Date	<u> </u>
	ument and affirm that the facts stated h of State constitutes a third degree felon (\			a document to
<u> </u>	9		8/4/23	
	Required Signature of I	ncorporator	Date	_ _

Said organization is organized and operated exclusively for charitable, religious, 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 corresponding section of any future federal tax code.

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in these Articles. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of this corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a Court of this state in which the principal office of this organization is then located, exclusively for such purposes or to such organizations, as said court shall determine, which are organized and operated exclusively for such purposes.



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

ARTICIFH		ELPOUT, INC.				
	PRINCIPAL OFFICE					
Principal <u>street</u> address: 2401 Lakeshore Blvd Apt 4			Mailing address, if different is:			
Sain	t Cloud, FL, 34769					
	PURPOSE					
The purpose for	PURPOSE is a proper to the corporation is organized in the corporation is organized in the corporation is organized.	is: Helping women to	get off the streets lift them up to take	back their lives		
	ets, and raise awareness about human (
SEE ADDITI	ONAL ATTACHMENT					
ARTICLE IV	-	manner in which the d	irectors are elected and appointed:			
	MANNER OF ELECTION The d for in the bylaws.	manner in which the d	irectors are elected and appointed:			
	-		irectors are elected and appointed:			
As provided	d for in the bylaws. INITIAL OFFICERS AND/OR DI	<u>RECTORS</u>				
As provided ARTICLE V Name and Title	d for in the bylaws. INITIAL OFFICERS AND/OR DI	RECTORS Name and Tit	tle: Samantha Martin, Director 2401 Lakeshore Blvd Apt 4			
As provided	d for in the bylaws. INITEAL OFFICERS AND/OR DE	<u>RECTORS</u>	tle: Samantha Martin, Director			
As provided ARTICLE V Name and Title	INITIAL OFFICERS AND/OR DIA Jennifer Mazza, Director 2401 Lakeshore Blvd Apt 4	RECTORS Name and Tit	tle: Samantha Martin, Director 2401 Lakeshore Blvd Apt 4			
As provided ARTICLE V Name and Titl Address	Jennifer Mazza, Director 2401 Lakeshore Blvd Apt 4 Saint Cloud, FL. 34769	RECTORS Name and Tite Address:	de: Samantha Martin, Director 2401 Lakeshore Blvd Apt 4 Saint Cloud, FL, 34769			
As provided ARTICLE V Name and Titl Address	Jennifer Mazza, Director 2401 Lakeshore Blvd Apt 4 Saint Cloud, FL. 34769	RECTORS Name and Tit Address: Name and Tit	de: Samantha Martin, Director 2401 Lakeshore Blvd Apt 4 Saint Cloud, FL, 34769			
As provided ARTICLE V Name and Titl Address	INITEAL OFFICERS AND/OR DESERTED IN TERMS AND/OR DESERTED IN TERMS AND/OR DESERTED IN THE INITEAL OFFICERS AND INITEAL OFFICERS	RECTORS Name and Tite Address:	Ile: Samantha Martin, Director 2401 Lakeshore Blvd Apt 4 Saint Cloud, FL, 34769 Linda Bietti, Director	2023 /(1/5 1/4		
As provided ARTICLE V Name and Titl Address	Jennifer Mazza, Director 2401 Lakeshore Blvd Apt 4 Saint Cloud, FL. 34769 Sharon Brown, Director 2401 Lakeshore Blvd Apt 4	RECTORS Name and Tit Address: Name and Tit	Ile: Samantha Martin, Director 2401 Lakeshore Blvd Apt 4 Saint Cloud, FL. 34769 Linda Bietti, Director 2401 Lakeshore Blvd Apt 4	ZOZZĄ VIĘS I PO VAMI		
As provided ARTICLE V Name and Titl Address Name and Titl Address	Jennifer Mazza, Director 2401 Lakeshore Blvd Apt 4 Saint Cloud, FL, 34769 Sharon Brown, Director 2401 Lakeshore Blvd Apt 4 Saint Cloud, FL, 34769	Name and Tis Address: Name and Tis Address: Address:	Samantha Martin, Director 2401 Lakeshore Blvd Apt 4 Saint Cloud, FL, 34769 Linda Bietti, Director 2401 Lakeshore Blvd Apt 4 Saint Cloud, FL, 34769	31 :6 HV 1: STUVEZOZ		
As provided ARTICLE V Name and Titl Address Name and Titl Address	Jennifer Mazza, Director 2401 Lakeshore Blvd Apt 4 Saint Cloud, FL. 34769 Sharon Brown, Director 2401 Lakeshore Blvd Apt 4	Name and Tie Address: Name and Tie Address: Name and Tie Address:	Samantha Martin, Director 2401 Lakeshore Blvd Apt 4 Saint Cloud, FL, 34769 Linda Bietti, Director 2401 Lakeshore Blvd Apt 4 Saint Cloud, FL, 34769	31 :6 HV 1: STUVEZOZ		

Name and Title:		Name and Title:		_	
Address		Address:		_	
		_	· .		
		_		_	
Name and Title:		Name and Title:		_	
Address	-	Address:		_	
	••			_	
ARTICLE VI	<u>REGISTERED AGENT</u> Floridg street address (P.O. Box NOT acc	antoble) of the remistered array i	.si		
	Inc Authority RA	eplanie) of the registered agent is	S .		
Name:	<u> </u>	<u> </u>			
Address:	390 North Orange Ave., Ste 2300-N				
	Orlando FL 32801				
	INCORPORATOR			C ~	
The name and a	address of the Incorporator is:			023	
Name:	Eliana Garcia			2023 F.UG	
Address:	1450 Vassar Street			<u>;</u>	
	Reno. NV 89502		• .	AN .	1
ARTICLE VIII	EFFECTIVE DATE:		ا اد ان الله الله الله الله الله الله الله ال	99	
Effective date, i	f other than the date of filing:			. C.	
(If an effective	date is listed, the date must be specific	and cannot be more than five	days prior or 90 days af	ter the fili	ng.)
	te inserted in this block does not meet the ective date on the Department of State's re-		rements, this date will no	t be listed :	as the
	amed as registered agent to accept servic familiar with and accept the appointment			ce designar	ted in this
			8/4/23		
	Required Signature of Registere	ed Agent	Date	e	-
I submit this do	cument and affirm that the facts stated her of State constitutes a third degree felony a	ein are true. I am aware that an		itted in a do	ocument to
50	·)		8 4/23		
	Required Signature of Inco	orporator	Da	te	_

•

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