

Electronic Articles of Incorporation For

**N24000007188
FILED
June 17, 2024
Sec. Of State
klovelace**

JADA CARING HANDS INC

The undersigned incorporator, for the purpose of forming a Florida not-for-profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

JADA CARING HANDS INC

Article II

The principal place of business address:

4836 S US HWY 1
FORT PIERCE, FL. US 34982

The mailing address of the corporation is:

4836 S US HWY 1
FORT PIERCE, FL. US 34982

Article III

The specific purpose for which this corporation is organized is:

TO PROVIDE BOARDING HOME ACCESSIBILITY TO LOW INCOME AND
DISABLED INDIVIDUALS; WITH THE INTENT TO FILE FOR A 501C3
DETERMINATION STATUS IN COMPLIANCE WITH THE IRS
REQUIREMENTS.

Article IV

The manner in which directors are elected or appointed is:

AS PROVIDED FOR IN THE BYLAWS.

Article V

The name and Florida street address of the registered agent is:

JADA M MERRITT
4836 S US HWY 1
FORT PIERCE, FL. 34982

I certify that I am familiar with and accept the responsibilities of
registered agent.

Registered Agent Signature: JADA MERRITT

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Article VI

The name and address of the incorporator is:

JADA MERRITT
4836 S US HWY 1

FORT PIERCE, FL 34982

Electronic Signature of Incorporator: JADA MERRITT

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
JADA M MERRITT
4836 S US HWY 1
FORT PIERCE, FL. 34982 US

Title: S/T
SIMONE SIDDO
4836 S US HWY 1
FORT PIERCE, FL. 34982 US

Article VIII

The effective date for this corporation shall be:

06/15/2024

N24000007188

****Affidavit of Permission to Use Business Name****

State of Florida

County of St. Lucie

Before me, the undersigned authority, personally appeared Jada Merritt, who, being by me duly sworn, deposed as follows:

1. Affiant Information

I, Jada Merritt, am the Manager of Jada Caring Hands LLC. My business address is 4836 S Highway 1, Fort Pierce, FL 34982. My contact number is (772) 501-2123.

2. Permission Granted

I hereby grant permission to Jada Caring Hands Inc., a nonprofit organization, to use the name "Jada Caring Hands"

3. Purpose of Name Usage

The permission is granted to ensure that Jada Caring Hands Inc. can legally use the name "Jada Caring Hands LLC" for its operations and related activities as a nonprofit organization.

4. Duration of Permission

This permission is granted without any limitations as to duration, and it is intended to remain in effect indefinitely unless otherwise revoked in writing.

5. No Conflict of Interest


I affirm that there is no conflict of interest between Jada Caring Hands LLC and Jada Caring Hands Inc. in granting this permission.

6. Authority to Grant Permission

As the Managing Partner of Jada Caring Hands LLC, I possess the authority to grant this permission on behalf of the LLC.

I affirm under the penalties for perjury that the foregoing representations are true to the best of my knowledge and belief.

Signature:


Jada Merritt (Jun 11, 2024 10:00 EDT)

Jada Merritt

Manager

Jada Caring Hands LLC

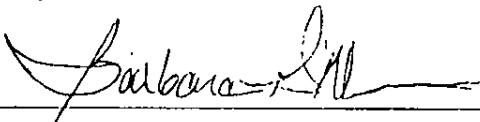
4836 S Highway 1

Fort Pierce, FL 34982

(772) 501-2123

Sworn to and subscribed before me this 11th day of JUNE, 2024, by Jada Merritt, who is personally known to me or who has produced _____ as identification.

Notary Public:



Barbara G. Moore

Notary Public, State of Florida

My Commission Expires: 1/3/2026

Notary Seal:

