

N960000001054

FORM OF TRANSMITTAL LETTER
FOR FILING ARTICLES OF INCORPORATION

22 Feb, 1996

Department of State
Division of Corporations
Capitol Building
Tallahassee, FL 32304

Re: Incorporation of **HELPING HANDS CARE FACILITY**,
PO BOX 9458 Jacksonville, FL 32208

Ladies and Gentlemen:

Enclosed for filing are and original and one copy of the Articles of Incorporation of **HELPING HANDS CARE FACILITY**, a not-for-profit Corporation. Also enclosed is a check in the amount of \$122.50 to cover the following filing fees:

Filing Fee:	\$35.00
Certified Copy of Charter	52.50
Designation of Registered Agent	35.00


200001724982
-02/27/96--01054--013
****122.50 ****122.50

TOTAL 122.50

Please forward a certified copy of the Articles of Incorporation after filing. If you should have any questions concerning this proposed incorporation, please give me a call.

DONALD SAPP
VICE PRESIDENT
(904) 723-8961

FEB 27 1996 BSB


Very truly yours,

Donald Sapp

FILED
96 FEB 26 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
(NON-PROFIT)**

FILED
96 FEB 26 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, WHOSE NAMES ARE AFFIXED HERETO AS INCORPORATORS
HEREBY ASSOCIATE TOGETHER FOR THE PURPOSE OF FORMING A CORPORATION NOT
FOR PROFIT UNDER THE LAWS OF THE STATE OF FLORIDA PURSUANT TO FLORIDA
STATUTES, AND DO HEREBY ADOPT THE FOLLOWING ARTICLES OF INCORPORATION FOR
SUCH A CORPORATION:

ARTICLE I

THE NAME OF THIS CORPORATION IS: HELPING HANDS CARE FACILITY INC.

ARTICLE II

THE PERIOD OF ITS DURATION IS PERPETUAL

ARTICLE III

THIS CORPORATION IS ORGANIZED FOR THE FOLLOWING PURPOSES:

- A. WILL BE CATEGORIZED AS NON-PROFIT;
- B. RELIEF OF THE POOR, DISTRESSED, OR THE UNPRIVILEGED;
- C. TO DEFEND HUMAN OR CIVIL RIGHTS SECURED BY LAW;
- D. THE PROMOTION OF SOCIAL WELFARE BY ORGANIZATION
DESIGNED TO ACCOMPLISH OF THE ABOVE PURPOSES;
- E. NOTWITHSTANDING ANY OTHER PROVISION OF THESE
ARTICLES THIS CORPORATION SHALL NOT, EXCEPT TO
A SUBSTANTIAL DEGREE, ENGAGE IN ANY ACTIVITIES OR
EXERCISE ANY POWERS THAT ARE NOT IN FURTHERANCE
OF THE PURPOSES OF THIS NON-PROFIT CORPORATION.

ARTICLE IV

THIS CORPORATION IS NOT AUTHORIZED TO ISSUE STOCK.

ARTICLE V

INITIAL REGISTERED OFFICE AND AGENT :

DONALD E. SAPP
10458 INVERNESS DR.
JACKSONVILLE, FL. 32257

THE NAMES OF THE REGISTERED AGENT AT THAT ADDRESS

ARTICLE VI

THIS CORPORATION SHALL HAVE FIVE DIRECTORS INITIALLY:

1. PRESIDENT: FRANK AUTRY 1044 BERTHA ST JAX, FL. 32210
2. VICE PRESIDENT: DONALD SAPP 10458 INVERNESS DR. JAX FL. 32257
3. TREASURER/SECRETARY: DENISE SAPP 10458 INVERNESS DR. JAX FL. 32257
4. ADMINISTRATIVE DIRECTOR: LESSIE AUTRY 1044 BERTHA ST JAX FL. 32210
5. DIRECTOR OF FACILITY CARE: ROSALIND HANDS 7543 DEALHURST DR JAX FL. 32277

ARTICLE VII

NAME AND ADDRESS OF PERSON SIGNING THESE ARTICLES:

FRANK AUTRY
1044 BERTHA ST
JAX, FL. 32210

ARTICLE VIII

THIS NON-PROFIT CORPORATION SHALL IDEMNIFY ANY OFFICER OR DIRECTOR TO A FULL EXTENT AS PERMITTED BY THE LAW.

ARTICLE IX

THIS CORPORATION RESERVES THE RIGHT TO AMEND OR APPEAL ANY PROVISION CONTAINED IN THESE ARTICLES OR AMENDMENTS HERETO:

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S) WILL EXECUTE THESE ARTICLES OF INCORPORATION THIS 12th DAY OF December, 1995.

SIGNATURE(S) OF INCORPORATOR(S)

FRANK AUTRY

Frank Autry

DONALD SAPP

Donald Sapp

DENISE SAPP

Denise Sapp

LESSIE AUTRY

Lessie Autry

ROSALIND HANDS

Rosalind Hands

STATE OF FLORIDA
COUNT OF DUVAL

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED AND SOWN TO BEFOR ME
THIS 6th DAY OF DECEMBER, 1995, BY FRANK R. AUTRY,
HELPING HANDS CARE FACILITY



RONALD A. MCBRIDE
My Comm Exp. 11-07-98
Bonded By Service Inc
No. CC237945

NOTARY PUBLIC

Ronald A. McBride

☒ Personally Known ☐ Other I.D.

FILED

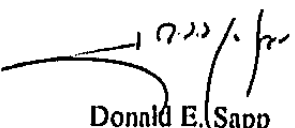
96 FEB 26 PM 3:00

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

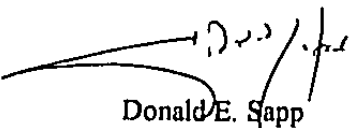
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: **Helping Hands Care Facility Inc.**
2. The name and address of the registered agent and office is: **Donald E. Sapp
10458 Inverness Dr.
Jacksonville, Fl 32257.**


Donald E. Sapp
Vice President
22 Feb 96

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


Donald E. Sapp
22 Feb 96