

# 796000003918

## CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

NAME \_\_\_\_\_

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

10:00 - 10:00 AM '96

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	7/14		
TIME	2:15		CK No. _____
BY			

WALK-IN  
Will Pick Up \_\_\_\_\_

of No 52504

RE: The Helping Hand Support  
Center Inc

	C.C. FEE	DISBURSED
Capital Express™		
Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
1 Cert. Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S- 65		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s _____ Copies		
Courier Service		
Shipping/Handling		
Phone ( )		
Top Priority		
Express Mail Prep.		
FAX ( ) pgs.		
SUBTOTALS		

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection

TRANSMITTAL LETTER

95 JUN 01 10:31

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

SUBJECT: THE HELPING HAND SUPPORT CENTER 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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: FRANK M. SOBOL  
Name (Printed or typed)

2402 N. DIXIE HWY. SUITE#2  
Address

LAKE WORTH FLA. 33460  
City, State & Zip

407-585-4113 / 407-533-5756  
Daytime Telephone number

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

## ARTICLES OF INCORPORATION

*The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:*

### ARTICLE I

#### Name

The name of the corporation shall be.

THE HELPING HAND SUPPORT CENTER INC.

### ARTICLE II

#### Principal place of business and mailing address

The principal place of business and mailing address of this corporation shall be

2402 N. DIXIE HWY. SUITE #2  
LAKE WORTH FLA.  
33460

### ARTICLE III

#### Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

COMMUNITY SERVICES. INCLUDING

FOOD ASSISTANCE CLOTHING ASSISTANCE ETC...

### ARTICLE IV

#### Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

~~EACH BOARD MEMBER WILL SELECT TWO CANDIDATES BASED ON  
THEIR CURRENT COMMUNITY SERVICE WORK AND FROM THOSE  
INDIVIDUALS A NEW MEMBER WILL BE ELECTED BY THE BOARD.~~

AS PER COMPANY BY-LAWS

## ARTICLE V

### Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617 0302, Florida Statutes, unless limited are as follows:

## ARTICLE VI

### Initial registered agent and street address

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

FRANK M. SOBOL  
1722 N. "K" ST.  
LAKE WORTH FLA.  
33460

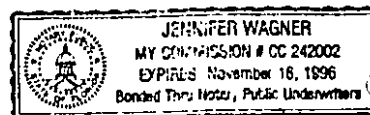
## ARTICLE VII

### Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

FRANK M. SOBOL  
1722 N. "K" ST.  
LAKE WORTH FLA.  
33460

The undersigned incorporator has executed these Articles of Incorporation this 18 day of MARCH, 1996.



Signature of Incorporator:

*Frank M. Sobol*  
*Frank M. Sobol*

FRANK M. SOBOL  
Typed name of incorporator signing

FILED  
MAR 25 1996  
FBI - TAMPA

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, 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:

THE HELPING HAND SUPPORT CENTER INC.  
(must include suffix)

2. The name and address of the registered agent and office is:

FRANK M. SOBOL

(NAME)

1722 N. "K" ST.,

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

LAKE WORTH FL. 33460

(CITY/STATE/ZIP)

*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 obligations of my position as registered agent.*



(SIGNATURE)

3/18/96

(DATE)