

N99000006727

TRANSMITTAL LETTER

FILED

99 NOV 15 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

100003031071--7
-11/01/99--01112--014
*****87.50 *****87.50

SUBJECT: LOCAL HANDICAPPED WORKERS 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: Bill Beasley
Name (Printed or typed)

2534 LADY JO WAY
Address

ORLANDO FLA 32807
City, State & Zip

407 673 1650
Daytime Telephone number

199-626,513,255/2550

199-25393

Bill Beasley GAVE

AUTHORIZATION BY PHONE TO

CORRECT SPELLING (handicapped)

DATE 11/15/99

DOC. EXAM David Brown

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

D. BROWN NOV 15 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 3, 1999

BILL BEASLEY
2534 LADY JO WAY
ORLANDO, FL 32807

SUBJECT: LOCAL HANDICAPED WORKERS
Ref. Number: W99000025393

We have received your document for LOCAL HANDICAPED WORKERS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6972.

Doris Brown
Document Specialist

Letter Number: 999A00053169

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

LOCAL HANDICAPPED WORKERS INC.

ARTICLE II PRINCIPAL OFFICE

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

2534 LADY JO WAY ORLANDO FLA 32807

ARTICLE III PURPOSE(S)

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

TO PRODUCE JOBS FOR HANDICAPPED PERSONS & TO HELP WITH IN HOME BUS, REHABILITATION, AND, THERAPY THROUGH WORK. HELP WITH THE COST OF MEDICINE.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

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

BY APPOINTMENT AS STATED IN THE BY-LAWS

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Bill Beasley

2534 Lady Jo Way ORL FL 32807

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Bill Beasley 2534 Lady Jo Way ORL FLA 32807

Bill Beasley
Signature/Incorporator

10/27/99
Date

(An additional article must be added if an effective date is requested.)

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.

Bill Beasley
Signature/Registered Agent

10/27/99
Date