

P00000080000
TRANSMITTAL LETTER

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

900003352409--2
-08/10/00--01067--006
*****78.75 *****78.75

SUBJECT: Financial Helping Hands Corp.
(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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Ana Maria Malavenda Garcia
Name (Printed or typed)

8278 Irongate Pl.
Address

Boca Raton, FL 33433
City, State & Zip

561 479 4319
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 AUG 24 AM 10:08

FILED

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

Burch AUG 24 2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 16, 2000

ANAN MARIA MALAVENDA-GARCIA
8278 IRONGATE PL
BOCA RATON, FL 33433

SUBJECT: FINANCIAL HELPING HANDS CORP.
Ref. Number: W00000020192

We have received your document for FINANCIAL HELPING HANDS CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

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) 487-6928.

Tim Burch
Document Specialist

Letter Number: 200A00044112

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Financial Helping Hands Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8278 Irongate Place
Boca Raton, Fl. 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To assist families in paying their personal bills, organizing and budg eting Accts. Receivable / Payable for businesses, filing, typing and any accounting.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Ana Maria Malavenda - Garcia - officer
8278 Irongate Pl. Boca Raton, Fl. 33433

ARTICLE VI REGISTERED AGENT

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

Ana Maria Malavenda - Garcia
8278 Irongate Pl.
Boca Raton, Fl. 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ana Maria Malavenda - Garcia
8278 Irongate Pl
Boca Raton, Fl 33433

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Ana Maria Malavenda - Garcia

Signature/Registered Agent

8-19-00

Date

Ana Maria Malavenda - Garcia

Signature/Incorporator

8-19-00

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA