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To:
Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

HELPING HAND, INC.

Helping Hand of Miami, Inc.

Certificate of Status	0
Certified Copy	1
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6/26/02
[Signature]

ARTICLES OF INCORPORATION
OF

HELPING HAND OF MIAMI, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HELPING HAND OF MIAMI, INC.

The principal place of business of this corporation shall be:

1241 SHARAZAD BLVD. # 1 OPA LOCKA, FL 33054

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

100 SHARES @ 1.00 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

BOBBY F. BURNETT
1241 SHARAZAD BLVD. # 1
OPA LOCKA, FL 33054

ARTICLE VI INCORPORATOR(S)

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

BOBBY F. BURNETT

1241 SHARAZAD BLVD. # 1

OPA LOCKA, FL 33054

IN WITNESS WHEREOF, the undersigned incorporator(s)
has (have) executed these Articles of Incorporation
this, 25th day of JUNE 2002

Signature(s) of Incorporator(s)

Bobby F. Burnett

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

HELPING HAND OF MIAMI, INC.

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

BOBBY F. BURNETT 1241 SHARAZAD BLVD. # 1

(P.O. BOX NOT ACCEPTABLE)

OPA LOCKA , FL 33054

(CITY/STATE/ZIP)

SIGNATURE

Bobby F. Burnett

TITLE

Pres.

DATE

6/25/02

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

Bobby F. Burnett

DATE

6/25/02