

P03000112932

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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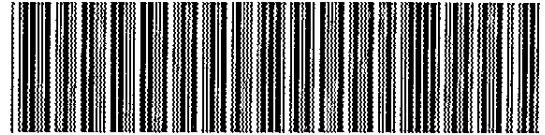
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

203-283
2/16

TRANSMITTAL LETTER

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

SUBJECT: Helping Hand, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Elaine S. Law

Name (Printed or typed)

3000 E. Sunrise Blvd.. Suite 17A

Address

Ft. Lauderdale, FL 33304

City, State & Zip

954-566-6978

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 2, 2003

ELAINE S. LAW
3000 E. SUNRISE BLVD., STE. 17A
FT. LAUDERDALE, FL 33304

SUBJECT: HELPING HAND, INC.
Ref. Number: W03000028354

We have received your document for HELPING HAND, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6878.

Alan Crum
Document Specialist
New Filings Section

Letter Number: 103A00054204

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:

Helping Hand of South Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3000 E. Sunrise Blvd
Suite 17A
Ft. Lauderdale, FL 33304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Training and placement of in home companions

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Elaine S. Law, President
John H. Law, Secretary

ARTICLE VI REGISTERED AGENT

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

Iris Glasgow
3000 E. Sunrise Blvd
Suite 11F
Ft. Lauderdale, FL 33304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Iris Glasgow
3000 E. Sunrise Blvd
Suite 11F
Ft. Lauderdale, FL 33304

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



Signature/Registered Agent

9/24/03

Date



Signature/Incorporator

9/24/03

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL 32310