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(Requestor's Name)

(Address)

(Address)

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TALLAHASSEE, FLORIDA  
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## TRANSMITTAL LETTER

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

**SUBJECT:** HELPING HAND RESIDENTAIL, 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:** PATRICK MORRIS, REGISTERED AGENT  
Name (Printed or typed)

2201 SEASIDE DRIVE

Address

GREENACRES, FLORIDA 33463-2369

City, State & Zip

561 965-6858

Daytime Telephone number

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

ARTICLES OF INCORPORATION

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

FIRST

The name of the corporation is: HELPING HAND RESIDENCE, INC.

SECOND

The period of its duration is: Indefinitely

THIRD

The purpose of the corporation is: Residential Living Centers

FOURTH

The aggregate number of authorized shares is: 200 Par-Value \$5.00

FIFTH

The corporation will not commence business until at least \$1000.00 dollars have been received by it as consideration for the issuance of shares.

SIXTH

Cumulative voting of shares of stock are Authorized.

SEVENTH

Provisions limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are: Approval by the Stockholders and Board of Directors.

EIGHTH

Provisions for regulating the internal affairs of the corporation are:

The Managing Partners ( Corporate Officers) of the Corporation  
will be Responsible for all day to day operations.

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NINTH

The address of the initial registered office of the corporation is:

2201 Seaside Drive Greenacres, Florida 33463-2369

and the name of its initial registered agent at such address is:

Patrick N. Morris

TENTH

Address of the principal place of business is:

2201 Seaside Drive Greenacres, Florida 33463-2369

ELEVENTH

The number of directors constituting the initial board of directors of the corporation is One, and the names and address of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

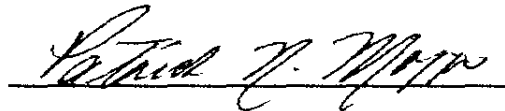
Name	Address
Patrick N. Morris	2201 Seaside Drive Greenacres, Florida 33463-2369
_____	_____
_____	_____
_____	_____

TWELFTH

The name and address of each incorporator is:

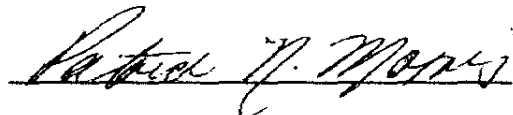
Name	Address
Patrick N. Morris	2201 Seaside Drive Greenacres, Florida 33463-2369
_____	_____
_____	_____
_____	_____

Date: Feburary 1st, 2004



Patrick N. Morris, Incorporator

Having been named as Registered Agent and to accept services of process for the 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 am familiar with and accept the oblications of my postion as Registered Agent.



Patrick N. Morris, Registered Agent

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