

P04000085559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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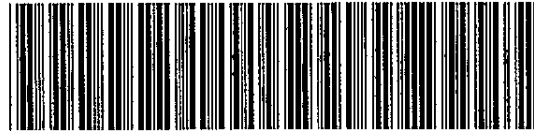
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 20 PM 1:11

1004-19803

TRANSMITTAL LETTER

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

SUBJECT: A Helping Hand Developmental & Home Health Services, 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
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: Latoria N. Robinson
Name (Printed or typed)

6545 NW 60th St
Address

Ocala, FL 34482
City, State & Zip

(352) 622-5350
Daytime Telephone number

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

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: *A Helping Hand Developmental, Home Health Services Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *6545 NW 60th St Ocala, FL 34482*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Assist Developmental & Disabled or Elderly individuals with Daily Activities in & out of the home.*

ARTICLE IV SHARES

The number of shares of stock is: *1*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Latorija N. Robinson
6545 NW 60th St
(Owner & Operator)*

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: *Latorija N. Robinson of
A Helping Hand Developmental, Home Health Services Inc.
6545 NW 60th St
Ocala, FL 34482*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Latorija Robinson
6545 NW 60th St
Ocala, FL 34482*


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

5/18/04

Date



Signature/Incorporator

5/18/04

Date