

P04000088793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

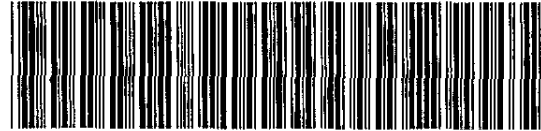
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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Helping And Caring Hands Enterprise 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: Helping and Caring Hands Enterprise Inc.

Name (Printed or typed)

3007 Prospect Street

Address

Tallahassee, Florida 32301

City, State & Zip

850-385-3190

Daytime Telephone number

**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:

Helping and Caring Hands Enterprise Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3007 Prospect Street  
Tallahassee, Florida 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Healthcare provider

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Marilyn Turner-President  
3007 Prospect Street  
Tallahassee, Florida 32301

ARTICLE VI REGISTERED AGENT

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

Marilyn Turner  
3007 Prospect Street  
Tallahassee, Florida 32301


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marilyn Turner  
3007 Prospect Street  
Tallahassee, Florida 32301


\*\*\*\*\*

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

06-07-04

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

06-07-04

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA