

**P04000148620**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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04 OCT 28 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04/10/29

## TRANSMITTAL LETTER

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

**SUBJECT:** HELPING HAND HOME CARE 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:** LECRESHA MORRIS

Name (Printed or typed)

4287 NW 57 DRIVE

Address

COCONUT CREEK, FLORIDA 33073

City, State & Zip

954- 292- 3544

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 HAND HOME CARE SERVICES, INC.,

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:  
759 DEMOREST AVE. S - LEHIGH ACRES, FLORIDA 33936

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
HOMEMAKER, COMPANION SERVICES

### ARTICLE IV SHARES

The number of shares of stock is:  
100 SHARES

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LECRESHA MORRIS - 4287 NW 57 DRIVE - COCONUT CREEK, FLORIDA 33073 (PRESIDENT)

*Lecresha King - 4287 NW 57 Drive Coconut Creek, Fla. 33073 (Secretary)*

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
LECRESHA MORRIS - 4287 NW 57 DRIVE - COCONUT CREEK, FLORIDA 33073

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:  
LECRESHA MORRIS - 4287 NW 57 DRIVE - COCONUT CREEK, FLORIDA 33073

\*\*\*\*\*

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

*10/25/04*  
\_\_\_\_\_  
Date

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

*10/25/04*  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA