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TRANSMITTAL LETTER

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

SUBJECT: Helping Hands Private Aursing Specialists Inc.

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PV REQUIRED

FROM: 1/2/15hA 10Ung
Name (Printed or typed)

P. O. BOX 280274
Address

Tampa, F1 33682

Steel Floride

813 925-1230

FIED

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

n compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be:
Your Helping Hands Private nursing specialists In
The principal place of husiness/mailing address is:
D o O O O O O O O O O O O O O O O O O O
P.O. BOX 280 274 Tampa, f 33682 PARTICLE III PURPOSE The purpose for which the corporation is organized is: PROF. + " Home Health Care for Discording and elberly. ARTICLE IV SHARES The number of shares of stock is:
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Profit" Home Health CARE for Disculo
ARTICLE IV SHARES and elberly
The number of shares of stock is:
) D
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):
lelisha young "owner" p.o. Box 280274 Tampafl 33682
Physical = 4747 W. WATERS AVENUM ARTICLE VI REGISTERED AGENT HORS # 2003 TAMPA, FI 33611 The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Velisha Young
Helping Hands Private Nursing specialists Inc. ARTICLE VII INCORPORATOR 47 47 West WAKES Avenue H2003
ARTICLE VII INCORPORATOR 47 47 MEST WAKES AVENUE H-2003
The <u>name and address</u> of the Incorporator is: TAMPA, F1 33614
Velisha Young
4747 West WATERS Avenue #2003 TAMM, 17 334

certificate, Fam familiar with and accept the appointment as registered agent and agree to act in this capacity
10-26-04
Signature/Ragistered Agent Date
10-26-04

Date