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(Requestor's Name)

(Address)

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(Business Entity Name)

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TALAMON, L. L.

4/25/05

## TRANSMITTAL LETTER

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

SUBJECT: Helping Hands Assisted Care Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: Michelle Farmer  
Name (Printed or typed)

1802 E Osborne Ave  
Address

Tampa FL 33610  
City, State & Zip

(813) 389-3013  
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 Assisted Care Inc.*

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*1802 E Osborne Ave  
Tampa FL 33610*

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Home Health Agency*

### ARTICLE IV SHARES

The number of shares of stock is:

*10000*

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

*Michelle Farmer  
1802 E Osborne Ave  
Tampa FL 33610*

### ARTICLE VI REGISTERED AGENT

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

*Michelle Farmer  
1802 E Osborne Ave  
Tampa FL 33610*

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Michelle Farmer  
1802 E Osborne Ave  
Tampa FL 33610*

\*\*\*\*\*  
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

*Michelle Farmer*  
Signature/Registered Agent

*4/16/05*  
Date

*Michelle Farmer*

*4/16/05*

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05 APR 25 PM 3:39  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE