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(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE FLORIDA

8/25/05

TRANSMITTAL LETTER

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

FILED
2005 AUG 25 PM 1:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: HELPING HANDS 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: REBECCA SWEARINGEN

Name (Printed or typed)

3964 Denver Ave.

Address

Bowling Green, Fla. 33834

City, State & Zip

863-781-4267

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 HANDS CARE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3964 Denver Ave., Bowling Green, Fla. 33834

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any purpose authorized by Florida law.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares of common

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

REBECCA SWEARINGEN Dir./Pres./Sec.

MICHAEL SWEARINGEN Dir./V.P./Trea.

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

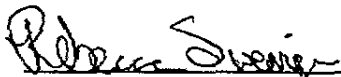
REBECCA SWEARINGEN, 3964 Denver Ave., Bowling Green, Fla. 33834

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

REBECCA SWEARINGEN, 3964 Denver Ave., Bowling Green, Fla. 33834

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

8-22-05

Date



Signature/Incorporator

8-22-05

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA