

PD5000158081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

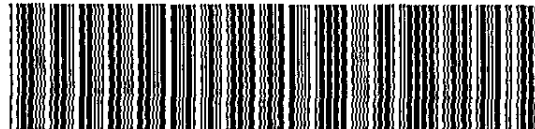
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 DEC -1 AM 11:41

MRS
12/2

TRANSMITTAL LETTER

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

SUBJECT: Valerie's Helping Hands, 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: Valerie J. Gainer
Name (Printed or typed)

6408 Lake Joanna Circle
Address

Panama City FL 32404
City, State & Zip

1-850-814-4669
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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 DEC -1 AM 11:42

ARTICLE I NAME

The name of the corporation shall be:

Valerie's Helping Hands, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6408 Lake Joanna Circle
Panama City, FL 32404

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

medical Billing

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):

Valerie J Gainer
Tyrone W. Gainer Sr.

ARTICLE VI REGISTERED AGENT

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

Valerie J Gainer
6408 Lake Joanna Circle
Panama City FL 32404

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Valerie J. Gainer
6408 Lake Joanna Circle
Panama City FL 32404

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

Valerie J. Gainer

Signature/Registered Agent

11/29/05

Date

Valerie J. Gainer

Signature/Incorporator

11/29/05

Date