

PO6000039893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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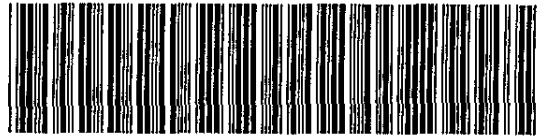
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06 MAR 17 PM 12:50  
TALLAHASSEE, FLORIDA

200067138932  
03/02/05

# COVER LETTER

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

SUBJECT: Helping Hands Healthcare Agency 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: Sylethia Lloyd  
Name (Printed or typed)

5303 Viverra Ln  
Address

Jacksonville, FL 32244  
City, State & Zip

904-777-9898  
Daytime Telephone number

TALLAHASSEE, FLORIDA

66 MAR 17 PM 12:58

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

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Helping Hands HealthCare Agency Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

5323 Vivera Lane Jacksonville, FL 32244

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide a "Helping Hand" to families for their love ones.  
We will provide services in-home, hospitals and nursing facilities.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

1 # of stocks

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

Sylethia Lloyd-Owner/Operator  
5323 Vivera Lane, Jacksonville, FL 32244

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Sylethia Lloyd  
5323 Vivera Lane, Jacksonville, FL 32244

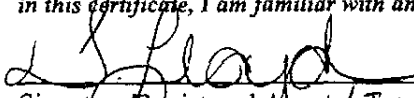
**ARTICLE VII INCORPORATOR**

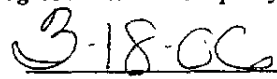
The name and address of the Incorporator is:

Sylethia Lloyd  
5323 Vivera Lane, Jacksonville, FL 32244

\*\*\*\*\*

*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 / Incorporator

  
\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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