P07000037638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400094185974

03/26/07--01023--010 **75.00

03/26/07--01023--011 **3.75

RECEIVED
07 MAR 26 PM 2:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 MAR 26 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/26

COVER LETTER

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

SUBJECT: Helping Hands In Ministry, 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: Jon Eason
Name (Printed or typed)

PO Box 585396
Address

Orlando, FL 32858
City, State & Zip

407. 253. 9974
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 In Ministry, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

The address of the principal office of this corporation is 2400 Silver Star Rd, Ste C, orlando, FL 32808 and the mailing address is PO Box 585396, Orlando, FL 32858

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in any activity or business permitted under the laws of the United States and of the State of Florida.

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):

President- Jon Eason

FILED
07 MAR 26 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Jon Eason
2400 Silver Star Rd. Ste C
Orlando, Fl 32808

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Jon Eason
PO Box 585396
Orlando, FL 32858

****

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 — 3/24/07 Date — 3/26/07

Signature/Incorporator — 3/24/07 Date — 3/26/07