

PO7000057173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

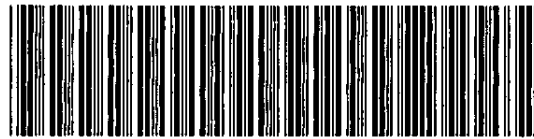
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 MAY 11 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 15 2007

607-21136
607-18012
191

COVER LETTER

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

SUBJECT: Heavenly Angels Helping Hands
(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: Cynthia Daniels
Name (Printed or typed)

5942 PARK Hamilton Blvd #42
Address

Orlando, Florida 32808
City, State & Zip

321-246-1038
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 MAY 11 AM 8:16

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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:

Heavenly Angela Helping Hands Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

5942 Park Hamilton Blvd Apt 42
Orlando, Florida 32808

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Help Elderly, To Do Elderly Asst.

ARTICLE IV SHARES

The number of shares of stock is:

1 Share of stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Cynthia Daniels / CEO

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Cynthia Daniels 5942 Park Hamilton Blvd Apt 42
Orlando, Florida 32808
Im Lis

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Heavenly Angles Helping Hands / Cynthia Daniels
5942 Park Hamilton Blvd Apt 42 ORL, FL 32808

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

Cynthia Daniels

Signature/Registered Agent

Cynthia Daniels

Signature/Incorporator

4-1-07

Date

4-1-07

Date