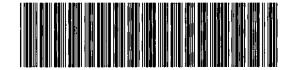
## 707000 100734

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone # MAIL
(Business Entity Name)
(Document Number)  Certified Copies Certificates of Status
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2007 SEP 10 AM 11: 01
SECRETARY OF STATE

J. Shivers SEP 11 2007

## **COVER LETTER**

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

SUBJECT:	Just	Help =	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	\$78.75	\$78.75	□ \$87.50			
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy			
	& Certificate of Status	& Certified Copy	& Certificate of			
		ADDITIONAL CO	Status			
		ADDITIONAL COPY REQUIRED				

FROM: Novella Dandridge	<del></del>				
247   Talo Hils Dr. #B	2007 SEP SECRETA				
Address	10 ARY 5 SSEE				
7a11, FC 32303	AH II: OI				
(850)556-3041	<u>-</u>				
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:  UST Help Inc.	
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  HCDING DCCHC TO DCCOME IN The III  ARTICLE IV SHARES  The number of shares of stock is:	- Community S around them
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):    Dondridge CEO	2007 SEP 10 AM II: 01 SECRETARY OF STRIFE TALLAHASSEE FLORIDA ered
Having been named as registered agent to accept service of process for the above stated corporertificate, I am familiar with and accept the appointment as registered agent and agree to act and Signature/Registered Agent	
Signature/Incorporator	Date