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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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07 OCT 19 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RC

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HELP AT HOME INC.  
(Name of Resulting Florida Profit Corporation)

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

BONNIE CRAWFORD  
(Contact Person)

HELP AT HOME INC  
(Firm/Company)

10549 N. FLORIDA AVE STE H  
(Address)

TAMPA FL 33612  
(City, State and Zip Code)

For further information concerning this matter, please call:

BONNIE CRAWFORD at ( 813 ) 931-8335  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees

☐ \$113.75 Filing Fees  
and Certificate of  
Status

☐ \$113.75 Filing Fees  
and Certified Copy

☒ \$122.50 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

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07 OCT 19 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

HELP AT HOME Limited Liability Company  
(Enter Name of Other Business Entity) LO4-60440

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY  
(Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA  
(Enter state, or if a non-U.S. entity, the name of the country)

on 8/13/04  
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

HELP AT HOME INC.  
(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date: DATE OF FILING  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 16 day of OCTOBER, 20 07.

Signature: Bonnie Crawford  
(Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.)

Printed Name: BONNIE CRAWFORD Title: DIRECTOR

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

## 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:

HELP AT HOME INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10549 N. FLORIDA AVE  
STE H.  
TAMPA, FL 33612

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TRANSACT ANY & ALL  
LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE  
ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA,  
AND TO HAVE ALL POWERS WHICH ARE AFFORDED  
CORPORATIONS UNDER THE LAWS OF THE STATE OF FL.

### 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):

BONNIE CRAWFORD - DIRECTOR  
10549 N. FLORIDA AVE  
STE. H  
TAMPA, FL 33612

JAMES CRAWFORD - DIRECTOR  
10549 N. FLORIDA AVE  
STE H.  
TAMPA, FL 33612

### ARTICLE VI REGISTERED AGENT

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

BONNIE CRAWFORD  
10549 N. FLORIDA AVE  
STE H  
TAMPA, FL 33612

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

BONNIE CRANFORD  
10549 N. FLORIDA AVE - STE H  
TAMPA FL 33612

\*\*\*\*\*

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

Bonnie Cranford  
Signature/Registered Agent

10-16-07  
Date

Bonnie Cranford  
Signature/Incorporator

10-16-07  
Date

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TALLAHASSEE, FLORIDA