

POB000007294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

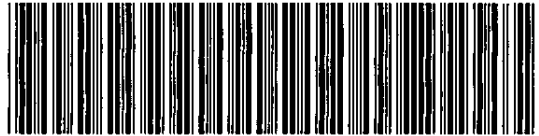
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: Smilee's helping hand 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: Elizabeth Smiley
Name (Printed or typed)

13277 Brewster Rd
Address

Springhill FL 34609
City, State & Zip

(352) 666-5577
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:

Smilee's helping hand INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13277 Brewster Rd.
Springhill Fl. 34609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To assist disabled persons in activities of daily living.

ARTICLE IV SHARES

The number of shares of stock is:

5,000 shares of stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Elizabeth Smiley R.N.
13277 Brewster Rd
Springhill Fl. 34609

President + 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:

Elizabeth Smiley
13277 Brewster Rd
Springhill FL 34609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Elizabeth Smiley
13277 Brewster Rd
Springhill FL 34609

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

Elizabeth Smiley

Signature/Registered Agent

1/14/08

Date

Elizabeth Smiley

Signature/Incorporator

1/14/08

Date

Elizabeth Smiley

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA