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## **COVER LETTER**

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

SUBJECT:	elpina Hands	S , INC. até name- <u>must incl</u>	
\$70.00 Filing Fee	inal and one (1) copy of the art  \$78.75  Filing Fee  & Certificate of Status .	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
` FROM:	Dalmey Ed Name 4911 Blarne	(Printed or typed)	sa White
١,	407- 928-	orida 3280 , State & Zip 4356 Telephone number	8

NOTE: Please provide the original and one copy of the articles.



December 9, 2008

DALMEY EDWARDS, PETESSA WHITE 4911 BLARNEY DR. ORLANDO, FL 32808

SUBJECT: NEEDED HANDS, INC. Ref. Number: W08000054475

We have received your document for NEEDED HANDS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2009 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Letter Number: 608A00059547

Loria Poole Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Helping Hands. INC. 4503 Seybold Ave. Orlando, Florida 32808

Helping Hands in an organization designed to serve individuals With disabilities and HIV. We are here to educate and encourage them on intervention and prevention. We provide confidential and preventative education, referrals and support to all individuals with mental and physical disabilities.

Owner and operators: Dalmey Edwards and Petessa White

Address: 4911 Blarney Drive, Orlando, Florida 32808

Agent: Petessa White 4911 Blarney Drive 32808

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	2008 DEC SECRETA
ARTICLE I NAME  The name of the corporation shall be:	AARY 5
Needed Hands. INC.	PAR PAR
Needed Harias. Inc.	Service Servic
ARTICLE II PRINCIPAL OFFICE	SE 2
The principal street address and mailing address, if different is:	
4503 Sey bold Ave.	
Orlando, Florida 32808	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: 14e101Ng }	tands 15 designed
to Serve individuals in need of house them on prevention of HIV. This is a	ng and education
and a Step to transitioning to become	independent.
ARTICLE IV SHARES	
The number of shares of stock is: 2	
List name(s), address(es) and specific title(s):  Director - Petessa White - 4911 Blarn  Dalmey Edwards . 4911 Blar	ney DR. Orlando, F1.32868
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the regi	istered agent is:
Petessa L. White	
4911 Blarney DR. Orlando, Fl. 32	808
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Dalmey Edwards	- N . 7
4911 Blarney OR. Orlando, Fl. 3	2808
·	******
Having been named as registered agent to accept service of process for the above stated c certificate, I am familiar with and accept the appointment as registered agent and agree to a	
O A	
Juleana J. White	12-10-08
Signature/Registered Agent	Date
Dalmey Edwards	12-10-08
Signature/Incorporator	Date