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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60-22-1
cc

COVER LETTER

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

SUBJECT: Helping Hands Assisted Living Facility, 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: Leonie Laferriere

Name (Printed or typed)

913 Alecon Drive

Address

Orlando , Florida 32808

City, State & Zip

407-970-7592

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Helping Hands Assisted Living Facility, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

913 Alecon Drive, Orlando, Florida 32808

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Helping Hands Assisted Living Facility, Inc. is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

The corporation is authorized to issue 1000 shares of (One) dollar (s) (\$1.00) par value common stock, which shall be designated "Common Shares."

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

This corporation shall have ONE (1) director initially. The number of directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one (1). The name and address of the initial director(s) of the corporation are as follows.

Leonie Laferriere
913 Alecon Drive
Orlando, Florida 32808

ARTICLE VI REGISTERED AGENT

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

The street name and address of the Initial Registered Agents of this corporation is:

Leonie Laferriere
913 Alecon Drive
Orlando, Florida 32808

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leonie Laferriere
913 Alecon Drive
Orlando, Florida 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

Leonie Laferriere
Signature/Registered Agent

09
Date

Leonie Laferriere
Signature/Incorporator

09
Date