

PD90000069871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

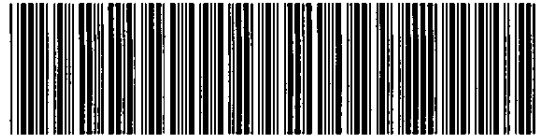
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 AUG 19 AM 9:30

6109000035924

UMD 8/20

## COVER LETTER

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

SUBJECT: Helping Hands Support Services, 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  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Charlotte LaTrice Bolden  
Name (Printed or typed)

11684 Avenger Lane  
Address

Jacksonville Florida 32221  
City, State & Zip

904-446-5727  
Daytime Telephone number

helpingss@aol.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2009

CHARLOTTE LATRICE BOLDEN  
1684 AVENGER LANE  
JACKSONVILLE, FL 32221

SUBJECT: HELPING HANDS SUPPORT SERVICES, INC.  
Ref. Number: W09000035926

We have received your document for HELPING HANDS SUPPORT SERVICES, 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of 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) 245-6062.

Eula Peterson  
Regulatory Specialist II  
New Filing Section

Letter Number: 109A00027095

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED STATE  
SECRETARY OF CORPORATIONS  
09 AUG 19 AM 9:30

**ARTICLE I                    NAME**

The name of the corporation shall be:

Helping Hands Support Services, Inc.

**ARTICLE II                    PRINCIPAL OFFICE**

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

Principal Street Address:  
1684 Avenger Lane  
Jacksonville, Florida 32221

Mailing Address: P.O. Box 37416  
Jacksonville, Florida 32236-7416

**ARTICLE III                    PURPOSE**

The purpose for which the corporation is organized is:

The purpose is to promote, maintain, and restore the health of eligible consumers with developmental disabilities through the provision of need supports and services in order to delay or prevent institutionalization, and to foster the principles of self-determination as a foundation for services and supports.

**ARTICLE IV                    SHARES**

The number of shares of stock is:

2000 Common Shares Par Value \$.50

**ARTICLE V                    INITIAL OFFICERS/DIRECTORS**

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

Charlotte LaTrice Bolden  
1684 Avenger Lane  
Jacksonville, Florida 32221

**DIRECTOR:**

Cameron Ireid Bolden  
1684 Avenger Lane  
Jacksonville, Florida 32221

**PRESIDENT/CEO:**

Charlotte LaTrice Bolden  
1684 Avenger Lane  
Jacksonville, Florida 32221

**OFFICE MANAGER**

Terrance Devron Antwuan Bolden  
1684 Avenger Lane  
Jacksonville, Florida 32221

**TREASURER:**

Tyrone DeAngelo Antwuan Bolden  
8025 Bay Circle East #1801  
Jacksonville, Florida 32256

**ARTICLE VI REGISTERED AGENT**

Charlotte LaTrice Bolden  
1684 Avenger Lane  
Jacksonville, Florida 32221

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Charlotte LaTrice Bolden  
1684 Avenger Lane  
Jacksonville, Florida 32221

\*\*\*\*\*

*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*

Charlotte Bolden  
Charlotte LaTrice Bolden/Registered Agent

Charlotte Bolden  
Charlotte LaTrice Bolden/Incorporator

8/4/09  
Date

8/4/09  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 AUG 19 AM 9:30