

PD90000069871

(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

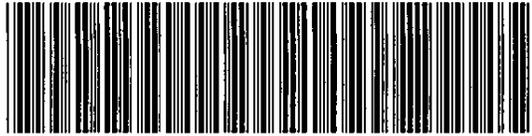
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/06/09--01018--003 **87.50

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

6109000035924

YMD 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 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: Charlotte LaTrice Bolden
Name (Printed or typed)

1684 Avenger Lane
Address

Jacksonville Florida 32221
City, State & Zip

904-446-5727
Daytime Telephone number

helpingsss@comcast.net
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
DIVISION 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

PRÉSIDENT/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

8/4/09
Date

Charlotte Bolden
Charlotte LaTrice Bolden/Incorporator

8/4/09
Date

FILED
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DIVISION OF CORPORATIONS
09 AUG 19 AM 9:30