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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

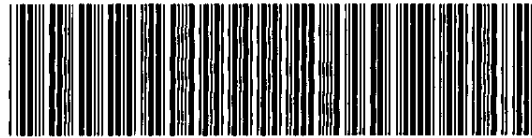
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-4-09
WC

COVER LETTER

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

SUBJECT: NATIONAL HOME HELPERS, 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: Mandy Pavlakos, Esq.
Name (Printed or typed)

4019 W. 1st Street
Address

Sanford, FL 32771
City, State & Zip

407-688-1301 Ext. 303
Daytime Telephone number

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

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:

NATIONAL HOME HELPERS, INC.

ARTICLE II PRINCIPAL OFFICE

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

111 E. Church Street, Deland, FL 32720

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in any lawful activity including but not limited to real estate investment.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Aaron Mitchell-President
111 E. Church Street
Deland, FL 32720

ARTICLE VI REGISTERED AGENT

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

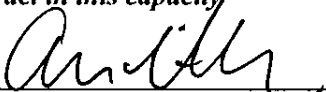
Aaron Mitchell
111 E. Church Street
Deland, FL 32720

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mandy Pavlakos, Esq.
4019 W. 1st Street
Sanford, FL 32771

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



Signature/Registered Agent

8-31-09

Date



Signature/Incorporator

8-31-09

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA