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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 10/16/09

COVER LETTER

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

SUBJECT: Full Circle 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: Ladle Augustin
Name (Printed or typed)

325 E. Duval St. # 218
Address

Jacksonville, FL 32202
City, State & Zip

904-354-6681 Xt 218
Daytime Telephone number

augustin411@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: Full Circle Helpers, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4500 Baymeadows Rd. # 26
Jacksonville, FL 32217

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Cleaning services and companion services.

ARTICLE IV SHARES

The number of shares of stock is:

1 (One).

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ladie Augustin, CEO, Board of Director

ARTICLE VI REGISTERED AGENT

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

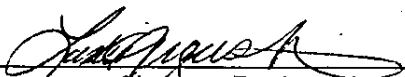
Ladie Augustin
325 E. Duval St. # 218
Jacksonville, FL 32202

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ladie Augustin
325 E. Duval St. # 218
Jacksonville, FL 32202

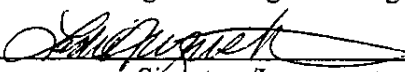
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10-8-09

Date



Signature/Incorporator

10-8-09

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA