(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

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

SUBJECT: Property Helpers Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
(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 & Certificate of Status	\$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
FROM: Patrick Bartlett Name (Printed or typed)			
121 10th Ave A	Jorth Address Beach, Florida 32250		
	State & Zip		
904 - 613 - 73 Daytime Te	77 elephone number		

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

E-mail address: (to be used for future annual report notification)

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

FILED
SECRETARY OF STATE

The name of the corporation shall be: Property Help	ners Inc. 12 FEB 10 AHII: 23
ARTICLE II PRINCIPAL OFFICE	12 125 12
Principal street address 12/10th Ave Worth Tucksanyille Beach Florda 32250	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Help People WITH Their Property Sell properties. To buy and manner,	needs. To buy and anagre properties in
ARTICLE IV SHARES The number of shares of stock is: 100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Patr, Ck Bartlet Address: 121 10th Broth Sarksanville Beanh Florida 32250	Name and Title: Poesident and (80) Address:
Name and Title:Address:	Name and Title:Address:
Name and Title: Address:	Name and Title: Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the Name: Address: D B North Food F 3	he registered agent is:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: Tark on with Brack F13.	2)2.Td
Having been named as registered agent to accept service of process of this certificate, I am familiar with and accept the appointment as registered. Required Signature/Registered Agent	
I submit this document and affirm that the facts stated herein are to document to the Department of State constitutes of third degree felony of the Department of State Constitutes of third degree felony of the Required Signature/Incorporator	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S. Date