

P12000032763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

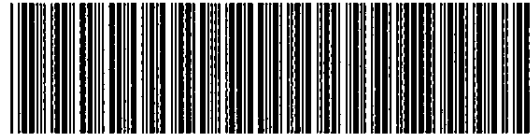
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/22/12--01013--008 **78.75

42-16875

FILED
12 APR -4, PM 4:15
SECRETARY OF STATE
HARRISBURG, PA

T. Burch APR 8 2012

COVER LETTER

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

SUBJECT:

P & P HELPING HANDS INCORPORATED

(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:

DAVID PEANCE

Name (Printed or typed)

8897 S.E. 59TH DR

Address

OKEECHOBEE, FL 34974

City, State & Zip

863 - 801 - 4565

Daytime Telephone number

DAVID DOT 4 @ YAHOO. 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

March 26, 2012

DAVID PEARCE
8897 SE 59TH DR
OKEECHOBEE, FL 34974

SUBJECT: P & P HELPING HANDS INCORPORATED
Ref. Number: W12000016875

We have received your document for P & P HELPING HANDS INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type the name of the corporation in article I.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

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) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 612A00010177

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: P + P Helping HANDS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

DAVID PEARCE
8897 SE 59TH DR
OKEECHOBEE, FL 34974

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HASEWAY HOUSE

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID PEARCE
Address: 8897 SE 59TH DR
OKEECHOBEE, FL 34974

Title: PRESIDENT
SECRETARY

Name and Title: REBECCA PEAR
Address: 8804 MINIMAR AVE
FORT PIERCE, FL 34951

Title: VICE PRESIDENT
TREASURER

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 registered agent is:

Name: DAVID PEARCE
Address: 8897 SE 59TH DR
OKEECHOBEE, FL 34974

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID PEARCE
Address: 8897 SE 59TH DR
OKEECHOBEE, FL 34974

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

DM Pearce

Required Signature/Registered Agent

3-20-2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Rebecca Pearce

Required Signature/Incorporator

3/20/2012

Date