

P1200000529/63

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900236027759

900236027759
06/08/12--01022--002 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN - 8 PM 4:10

6/12
96

COVER LETTER

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

SUBJECT: Shack's Helping Hand, 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: Donald Shackelford

Name (Printed or typed)

1017 Nash Loop

Address

The Villages, Florida 32162

City, State & Zip

954-661-7592

Daytime Telephone number

bettyshackelford85@gmail.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

Shack's Helping Hand, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1017 Nash Loop
The Villages, Florida 32162

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Independent Contractor for Virtual Companies

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Donald Shackelford Pres.</u>	Name and Title: _____
Address: <u>1017 Nash Loop</u>	Address: _____
<u>The Villages, Florida 32162</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Donald Shackelford
Address: 1017 Nash Loop
The Villages, Florida 32162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Donald Shackelford
Address: 1017 Nash Loop
The Villages, Florida 32162

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

Donald Shackelford
Required Signature/Registered Agent

June 4, 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.

Donald Shackelford
Required Signature/Incorporator

June 4, 2012

Date

12 JUN - 6 PM 10
SECRETARY OF STATE
DIVISION OF CORPORATIONS