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13 MAY 28 AM 9:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/4

COVER LETTER

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

SUBJECT: Lending Hands of Inspiration Corp.
(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: Shantale Anderson
Name (Printed or typed)

401 South Volusia Street
Address

St. Augustine, FL 32084
City, State & Zip

904-392-1058
Daytime Telephone number

Shantaleanderson@bellsouth.net
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: Lending Hands of Inspiration Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

401 South Volusia Street
St. Augustine, FL
32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To assist with providing
Services in the community & in the homes of
individuals approved by the Medicaid Waiver
Service by the State of Florida. All Services
delivered with help assist with meet each
individuals goal(s)

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Shantale Anderson CEO</u>	Name and Title:	_____
Address	<u>401 South Volusia Street</u> <u>St. Augustine, Florida</u> <u>32084</u>	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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TALLAHASSEE FLORIDA

(cont.)

FILED

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

13 MAY 28 AM 9:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name:

Shantale Andersen

Address:

401 South Volusia Street

St. Augustine, FL 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Shantale Andersen

Address:

401 South Volusia Street

St. Augustine, FL 32084

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

Shantale Andersen
Required Signature/Registered Agent

5/21/13
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.

Shantale Andersen
Required Signature/Incorporator

5/21/13
Date