

P14000022518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

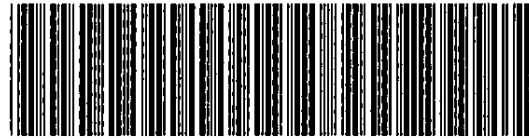
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W114-8659

Office Use Only



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02/03/14--01043--021 **87.50

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 MAR 11 PM 3:20

114

COVER LETTER

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

SUBJECT: Helping Hands In Home & Senior Care, 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: Regina N Betties

Name (Printed or typed)

P O Box 36934

Address

Panama City, FL 32412

City, State & Zip

850-640-0056

Daytime Telephone number

reginanbetties@comcast.net

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

February 26, 2014

REGINA N BETTIES
PO BOX 36934
PANAMA CITY, FL 32412

SUBJECT: HELPING HANDS IN HOME & SENIOR CARE, INC
Ref. Number: W14000008659

We have received your document for HELPING HANDS IN HOME & SENIOR CARE, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 914A00002999

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: Helping Hands In Home & Senior Care inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3103 E 5th St

Parana City FL

32401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our purpose is to help the
disabled & seniors stay at home. We will provide
quality in home health svs.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Begina Betties - owner

Address: 3134 E 6th Plz
Parana City FL 32401

Name and Title: Eddie Betties - owner

Address: 3134 E 6th Plz
Parana City FL 32401

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 MAR 11 PM 3:20

(cont.)

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
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DIVISION OF CORPORATIONS
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ARTICLE VI REGISTERED AGENT

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

Name:

Regina Betties

Address:

3134 E 6th Plz

Panama City FL 32401

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name:


Regina Betties

Address:

3134 E 6th Plz

Panama City FL 32401

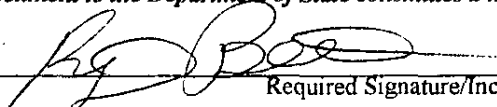
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

3-9-14
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.



Required Signature/Incorporator

3-9-14
Date