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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
14 JUN -3 PM 2:20

6/4/14

COVER LETTER

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

SUBJECT: Helping and Caring Enterprise 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Marilyn Turner - Mitchell
Name (Printed or typed)

P.O. Box 7667
Address

Tall FL 32314-7667
City, State & Zip

850 300 1408
Daytime Telephone number

Marilyn.turner.mitchell@yahoo.com
helpingandcaringhandsinc.4665@yahoo.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

The name of the corporation shall be: Helping and Caring Enterprise Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7224 Wagon Tr. Rd.
Tall FL 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Cleaning assembly, Painting, Maintaining
concrete finish, Maintenance, Credentialed/Commercial
Carpet, Lawn Service

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ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President Name and Title: Marilyn Turner-Mitchem Name and Title: _____

Address: 7224 Wagon Address: _____
Tall, FL 32310

V.ice Name and Title: Jasmine Martin Name and Title: _____

Address: 2610 Mission Rd Address: _____
Tall FL 32304

Sect Name and Title: Cassius Martin Name and Title: _____

Address: 1305 clay st Apt 7 Address: _____
Tall FL
32305

(conti.)

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: Marilyn Turner-Mitchell
Address: 7224 Wagon Tr Rd
Tall FL 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marilyn Turner-Mitchell
Address: 7224 Wagon Tr Rd P.O. Box 7667
Tall FL 323 Tall FL 32314

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

Marilyn Mitchell
Required Signature/Registered Agent

6-3-2014
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

Date