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(Business Entity Name)

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FILE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY 29 PM 1:30

*[Handwritten signature]*

## COVER LETTER

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

**SUBJECT:** Helping Hands Occupational Therapy, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Yocheved Lesnik  
Name (Printed or typed)

17101 NE 13th Ave.  
Address

Miami, FL 33162  
City, State & Zip

305 801 5674  
Daytime Telephone number

ylesnikot@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)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be:

Helping Hands Occupational Therapy, Inc.

14 MAY 29 PM 1:30

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

17101 NE 13th Ave.

Miami, FL 33162

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

provide occupational therapy services to children

**ARTICLE IV SHARES**

The number of shares of stock is:

10

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Yocheved Lesnik, OTR/L- Director

Name and Title:

Address

17101 NE 13th Ave.

Address:

Miami, FL 33162

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(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: Yocheved Lesnik

Address: 17101 NE 13th Ave.

Miami, FL 33162

**ARTICLE VII INCORPORATOR**

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

Name: Yocheved Lesnik

Address: 17101 NE 13th Ave.

Miami, FL 33162

*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*

Yocheved Lesnik OTR/L  
Required Signature/Registered Agent

5/25/14  
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.*

Yocheved Lesnik OTR/L  
Required Signature/Incorporator

5/25/14  
Date