

P15000056631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

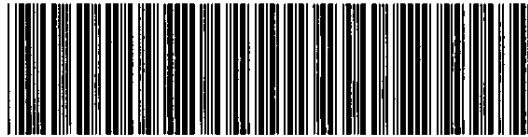
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 JUL -6 PM 2:13  
JUL 15 2015  
JUL 15 2015

W15-39743

2/7

## COVER LETTER

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

**SUBJECT:** FRANCES HELPING HANDS, 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:** JOYCE THOMPSON BUSH

Name (Printed or typed)

3470 NW 174 STREET

Address

MIAMI GARDENS FL 33056

City, State & Zip

786-616-6259

Daytime Telephone number

*bushjoyce198@gmail.com*

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

June 9, 2015

JOYCE THOMPSON BUSH  
3470 N.W. 174TH STREET  
MIAMI GARDENS, FL 33056

SUBJECT: FRANCES HELPING HANDS, INC.  
Ref. Number: W15000039743

We have received your document for FRANCES HELPING HANDS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 915A00011987

**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: FRANCES HELPING HANDS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3470 NW 174 STREET

MIAMI GARDENS FLORIDA 33056

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PROVIDE RESIDENTIAL HABILITATION TO INDIVIDUALS

WHO ARE DISABLED WHILE PROVIDING A SAFE AND HEALTHY HOME LIFE. FRANCES HELPING HANDS

WILL PROVIDE SERVICES TO INDIVIDUALS THAT ARE PARTIALLY, MINIMALLY, OR TOTALLY UNABLE

TO PROVIDE FOR THEMSELVES. OUR SERVICES WILL PROVIDE ASSISTANCE TO INDIVIDUALS USING

THE PERSON CENTERED APPROACH IN ALLOWING THE DISABLED INDIVIDUAL TO CHOOSE HOW TO

IMPLEMENT AND DEVELOP DAILY LIVING SKILLS. FRANCES HELPING HANDS WILL ALSO ASSIST WITH

PERSONAL AND SOCIAL SKILLS THROUGHOUT THE DAY.

**ARTICLE IV SHARES**

The number of shares of stock is: <sup>JB</sup>~~ZERO~~ 100 shares

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

Name and Title: JOYCE THOMPSON BUSH

Name and Title: \_\_\_\_\_

Address 3470 NW 174 STREET

Address: \_\_\_\_\_

MIAMI GARDENS FL 33056

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: JOYCE THOMPSON BUSH \_\_\_\_\_

Address: 3430 NW 174 STREET \_\_\_\_\_

MIAMI GARDENS FL 33056 \_\_\_\_\_

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FLORENCE COUNTY

**ARTICLE VII INCORPORATOR**

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

Name: JOYCE THOMPSON BUSH \_\_\_\_\_

Address: 3430 NW 174 STREET \_\_\_\_\_

MIAMI GARDENS FL 33056 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Joyce Thompson Bush  
Required Signature/Registered Agent

5-30-15  
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.*

Joyce Thompson Bush  
Required Signature/Incorporator

5-30-15  
Date