

P/6000000417

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN -4 AM 11:27

W15-081818

01/05/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2015

NETASHA KING
2575 HAYWOOD ESTATES LN.
ATLANTIC BEACH, FL 32233

SUBJECT: HELPING HANDS NURSING SERVICES, INC.
Ref. Number: W15000081818

*I changed
to a for profit
company and
the name of the
company.*

We have received your document for HELPING HANDS NURSING ~~SERVICES~~, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P04000026630 (HELPING HAND NURSING SERVICES, INC.).

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.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 115A00026756

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

16 JAN -4 PM 4:27

COVER LETTER

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

SUBJECT: Helping Hands Nurses, 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:

Netasha King

Name (Printed or typed)

2575 Haywood Estates Lane

Address

Atlantic Beach, FL 32233

City, State & Zip

(904) 685-4549 Office (904) 729-8962 Cell

Daytime Telephone number

HelpingHandsNursingServices@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)

ARTICLE I NAME

The name of the corporation shall be: Helping Hands Nurses, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2575 Haywood Estates Lane

Atlantic Beach, FL 32233

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For Profit, The purpose of the corporation is to engage in any lawful or

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ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Netasha King CEO

Name and Title: _____

Address 2575 Haywood Estates Lane

Address: _____

Atlantic Beach, FL 32233

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Netasha King

Address: 2575 Haywood Estates Lane
Atlantic Beach Fl 32233

ARTICLE VII INCORPORATOR

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

Name: Netasha King

Address: 2575 Haywood Estates Lane
Atlantic Beach, FL 32233

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

Netasha King

Required Signature of Registered Agent

12/09/2015

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Netasha King

Required Signature of Incorporator

12/09/2015

Date

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