

P16000015182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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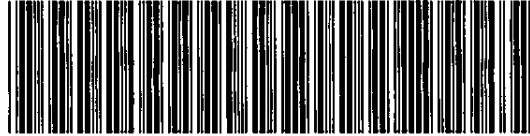
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 FEB -5 PM 12:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan FEB 17 2016

COVER LETTER

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

SUBJECT: Helping Hands Maintenance 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: Floyd Clay Stukes
Name (Printed or typed)
4408 Robbins Avenue
Address
Orlando, Florida 32808
City, State & Zip
(407) 719-0727
Daytime Telephone number
Floyd hhm@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

February 1, 2016

I Floyd Stukes, wish not to re-
instate Helping Hands Maintenance,
Document number P11000072626,
EIN # 45-2993808, date filed
8/15/2011.

Floyd Stukes
~~Floyd Stukes~~

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 Maintenance Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address
4408 Robbins Ave
Orlando, Florida
32808

Mailing address, if different is:
4408 Robbins Ave
Orlando, Florida
32808

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To support myself, wife,
and four granddaughters - to help educate
them by sending them to college.

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STATE OF FLORIDA
TALLAHASSEE

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Floyd Stukes - President Name and Title: _____

Address 4408 Robbins Ave Address: _____
Orlando, Florida
32808

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: Floyd Stukes

Address: 4408 Robbins Ave

Orlando, Florida 32808

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Floyd Stukes

Address: 4408 Robbins Ave

Orlando, Florida 32808

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: February 1, 2016 (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

Floyd Stukes

Required Signature/Registered Agent

2/1/2016
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.

Floyd Stukes

Required Signature/Incorporator

2/1/2016
Date