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(Requestor's Name)

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(City/State/Zip/Phone #)

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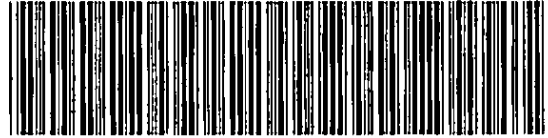
(Business Entity Name)

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D O'KEEFE

W18-31210



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2018 MAY 29 PM 2:41

CORPORATIONS  
COMMERCIAL  
SERVICES

April 2, 2018

RUTHENIA MOSES  
P.O. BOX 120091  
CLERMONT, FL 34712

SUBJECT: HELPING HANDS INDEPENDENT LIVING CARE, CORP  
Ref. Number: W18000031210

We have received your document for HELPING HANDS INDEPENDENT LIVING CARE, CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return 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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 318A00006544

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: HELPING HANDS INDEPENDENT LIVING CARE CORP  
(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: Ruthenia A Moses  
Name (Printed or typed)  
P.O. Box 120091  
Address  
Clermont, FL 34712  
City, State & Zip  
(352) 408-8273  
Daytime Telephone number  
RutheniaMoses@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  
OF  
HELPING HANDS INDEPENDENT LIVING CARE, CORP**

**THE UNDERSIGNED**, acting as sole incorporator Helping Hands Independent Living Care under chapter 607 Of the Florida Statutes, hereby adopts the following Articles of Incorporation for such Corporation:

**ARTICLE I**

**Name**

The name of the corporation shall be Helping Hands Independent Living Care, Corp.

**ARTICLE II**

**Principal Office**

The address of the Principal Office of the corporation is 1507 Lamplighter Way- Orlando, Fl. 32818. The location of the Principal Office shall be subject to change as may be provided in bylaws duly adopted by the corporation.

**ARTICLE III**

**Purpose**

The purpose for which the Corporation is organized and operated is to provide 24 hour care and housing for men and women in need of care. This Corporation will operate for the sole purpose of carrying on a Trade or Business for profit.

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## **ARTICLE IV**

### **Shares**

The number of shares which the corporation shall have authority to issue is (10,000). Consisting of a single class of common stock. One Cent (\$0.01) par-value per share.

## **ARTICLE V**

### **Names and Address of Director and Officers**

**President- Genevieve Dessources  
1507 Lamplighter Way  
Orlando, Fl. 32818**

**Vice President – Patrick Dessources  
1507 Lamplighter Way  
Orlando, Fl. 32818**

**Secretary-Joridiane Joseph  
2383 Locke Ave,  
Orlando, Fl. 32818**

## **ARTICLE VI**

### **Mailing Address**

The mailing address of the Corporation will be 1507 Lamplighter Way- Orlando, Fl.32818.

The number of Directors constituting the initial Board of Directors of the corporation is two. The number of Directors may be increased or decreased from time to time, but in no event shall the number of Directors be less than one (1). The person who is to serve as initial Director until the first annual meeting of the shareholders of the corporation or until such successor Directors are elected and shall qualify is Genevieve Dessources.

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### ARTICLE VIII

#### Initial Registered Agent and Address

The name and address of the registered agent shall be as follows:  
Genevieve Dessources -1507 Lamplighter Way – Orlando, FL 32818

(I hereby am familiar with and accept the duties and responsibilities as registered agent for said Corporation/Limited Liability Company.)

Genevieve Dessources  
Signature/Registered Agent

Genevieve Dessources  
Print Name/ Date 2/15/18

### ARTICLE XI

#### Name and Address of Incorporator

The name and address of the Incorporator is Ruthenia Moses, P. O. Box  
120091- Clermont, FL 34712

Ruthenia Moses  
Signature /Incorporator

Ruthenia MOSES  
Print Name/Date 2/15/18