

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000178883 3)))



H200001788833ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

FILED
2020 JUN 12 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
305 HELP INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ECN 115 2020

T. SCOTT

2020 JUN 12 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:305 HELP INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

5760 SW 16stMIAMI FL 33155**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**(P) Joaquin Antonio BarceloSECRETARY OF STATE
TALLAHASSEE, FL 32399

2020 JUN 12 PM 2:10

FILED

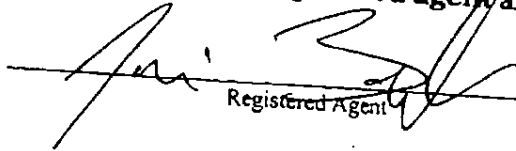
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

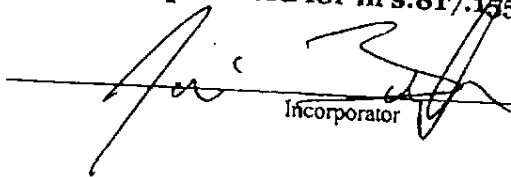
Joaquin Antonio Barcelo5760 SW 16stMIAMI FL 33155**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:JOAQUIN ANTONIO BARCELO5760 SW 16 STMIAMI FL 33155

Required Signatures:

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


Registered Agent 6-12-2020
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.


Incorporator 6-20-2020
Date