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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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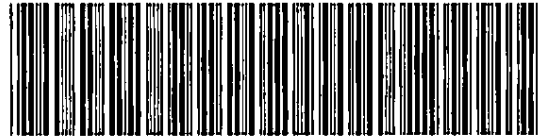
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE
FLORIDA

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: C R Helping Hands, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

900 Hall Street

Melbourne FL 32901

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal business activity.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marcela Roland, President Name and Title: _____

Address 900 Hall Street Address: _____

Melbourne, FL 32901 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2021 NOV 23 PM 7:57
SECRETARY
FALL

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: Marcela Roland, President

Address: 900 Hall Street

Melbourne, FL 32901

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marcela Roland, President

Address: 900 Hall Street

Melbourne, FL 32901

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 days prior or 90 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

Marcela Roland
Required Signature/Registered Agent

11/17/2021
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.

Marcela Roland
Required Signature/Incorporator

11/17/2021
Date

2021 NOV 23 PM 7:37
FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE 17TH JUDICIAL CIRCUIT
IN FLORIDA
TALLAHASSEE

C R Helping Hands, Inc.

900 Hall St
Melbourne, FL 32901
321-427-3663

crhelpinghands@gmail.com

November 10, 2021

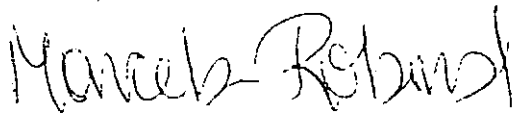
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Document Number P14000017815
C R Helping Hands, Inc.

Dear Sir or Madam:

I am the owner of the above referenced corporation that has been administratively dissolved and I am sending this letter as an affidavit that I will not attempt to reinstate it. Instead, I am attaching the Articles of Incorporation for a new corporation that has the same name, along with the required \$70 fee.

Sincerely,

A handwritten signature in black ink that reads "Marcela Roland". The signature is written in a cursive, flowing style.

Marcela Roland, President