

**P22000080786**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.

(((H22000362131 3)))



H220003621313ABCU

**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

**\*\*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  
HELPING OUR KIDS CORP.**

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

2022 OCT 21 PM 4:45

2022 OCT 21 AM 5:31

AS

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Helping our kids cope

**ARTICLE II. PRINCIPAL OFFICE:**

The principal street address and mailing address is:

13056 SW 102 lane  
Miami FL 33186

Miami PD 33186

**ARTICLE III** **SHARES:** The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Mano Luz Velazquez (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Mano 303 Velazquez

13054 SW 102 lane

Miami pp 3318c

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Mano 003 Velazquez

13056 SW 102-10 ang

miami PD 33186

09-07-18-00

**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 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 Date

2022 OCT 21 PM 5:31