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.

(((H240003981983)))



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

: (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 THE HELP GROUP, INC

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

The principal street address and mode so to dr miami springs \$\overline{F}\$ 33166  ICLE III SHARES: The number of shares  ARTICLE IV INITIAL DIRECTOR  cellez (p)  ETICLE V INITIAL REGISTERED AGE:  name and Florida street address (PO Box not accellez 359 de Soto Dr miami springs fl 33166	
TCLE III SHARES: The number of shares  ARTICLE IV INITIAL DIRECTOR  ellez (p)  TICLE V INITIAL REGISTERED AGE:  name and Florida street address (PO Box not according to the street address (PO Box no	of stock is: 100
ARTICLE IV INITIAL DIRECTOR ellez (p)  TICLE V INITIAL REGISTERED AGE name and Florida street address (PO Box not according to the street address (PO Box	
ellez (p)  **TICLE V INITIAL REGISTERED AGE: name and Florida street address (PO Box not acc	
ellez (p)  **TICLE V INITIAL REGISTERED AGE: name and Florida street address (PO Box not acc	
ellez (p)  **TICLE V INITIAL REGISTERED AGE: name and Florida street address (PO Box not acc	
CTICLE V INITIAL REGISTERED AGE:	S AND/OR OFFICERS:
CTICLE V INITIAL REGISTERED AGE:	S AND/OR OF PICERS:
STICLE V INITIAL REGISTERED AGE:	
name and Florida street address (PO Box not ac	
name and Florida street address (PO Box not ac	
name and Florida street address (PO Box not ac	<u> </u>
name and Florida street address (PO Box not ac	·
name and Florida street address (PO Box not ac	
name and Florida street address (PO Box not ac	
name and Florida street address (PO Box not ac	
<u>ellez 359 de Soto Dr miami springs fl 33166</u>	ebtable) of the tedistened ede
IICLEVI INCORPORATOR: The name a	
llez 359 de soto dr miami springs fl 33166	•
ilez 203 de soto di miami springs il 33100	

## Required Signatures:

corporation at th	e piace designated i	in this certificat	rvice of process for the e, I am familiar with a	nd accept the
<b>appoi</b> n	atment at registere	d agent and agr	ee to act in this capacit	y
` <del></del>	kegistind Ageni		11/27/2024	<del></del>
the false information	on subni <del>lit</del> ed in a <b>d</b>	ocument to the	d berein are true. I am Department of State co	aware that
third degree felony	as prodided to in	s.817.157, F.S.		- <del> </del>
	Incorporato		<u>11/27/2024</u> Σασο	
<u>.</u>	J			74 . Y