

P95000011083

TRANSMITTAL LETTER

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

FILED
95 FEB -6 14 9:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: HELPING HANDS HOME SERVICES INC.

(Proposed corporate name - must include suffix)

300001399479

-02/07/95--01076--012

***131.25 ***131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00

Filing Fee

☐ \$78.75

Filing Fee
& Certificate

☐ \$122.50

Filing Fee
& Certified Copy

☒ \$131.25

Filing Fee,
Certified Copy
& Certificate

FROM: Robert Rosenzweig

Name (printed or typed)

3601 N.E. 207th Street

Address

Aventura Fl. 33180

City, State & Zip

1 (305) 933-9811

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

95 FEB -6 AM 9:50
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HELPING HANDS HOME SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3601 N.E. 207th St.
Aventura, Florida
33180 apt. 1115

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Robert Rosenzweig
3601 N.E. 207th St.
Aventura, Fl. 33180
Apt. 1115

ARTICLE V INCORPORATOR(S)


The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

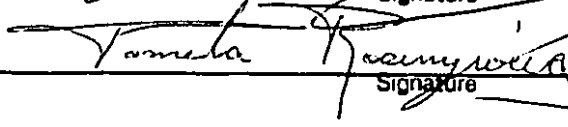
Robert Rosenzweig
3601 N.E. 207th St.
Aventura, Fl. 33180
Apt 1115

Pamela Rosenzweig
3601 N.E. 207th St.
Aventura, Fl. 33180
Apt 1115

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

25th day of January, 1995.



Signature


Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Helping Hands Home Services Inc.

2. The name and address of the registered agent and office is:

Robert Rosenzweig

(Name)

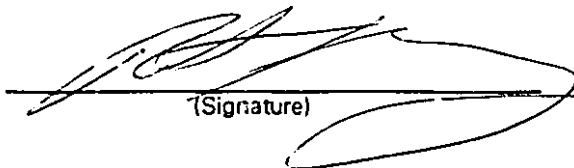
3601 N.E. 207th St.

(P.O. Box not acceptable)

Aventura, Fl 33180 Apt. 1115

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

1/25/95
(Date)