Division of Corporations https://ocfss1.dos.state.fl.us/scripts/efilcovr.exe Florida Department of State Division of Corporations **Public Access System** Katherine Harris, Secretary of State Electronic Filing Cover Sheet <u>_</u> 2 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. (((H9900027264 3))) Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: 66 Division of Corporations Fax Number : (850)922-4001 283 From: Account Name : MICHAEL PENROD R \square Account Number : I19990000096 Phone : (954)260-3232 ö Fax Number : (954)467-2734 ယ္လ

FLORIDA PROFIT CORPORATION OR P.A.

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ARTICLES OF INCORPORATION (49000272643)
The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.
ARTICLE I NAME The name of the corporation shall be: THE HELP NETWORK, INC
<u>ARTICLE II</u> <u>PRINCIPAL OFFICE</u> The principal place of business and mailing address of this corporation shall be: 241 Sooth At Lantic Block Fort Loudier dule, FL 33316
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000,000
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: MichAEl PENFOCH. 612 Flamingo Isle Fort Laderdale FL 33301
ARTICLE V INCORPORATOR The <u>name and address</u> of the incorporator to these Articles of Incorporation are: ModRAEL PENIOD 25 241 South Atlantic Blood Ft. Landerschule, FL 3336
Signature/Incorporator IO/27/99 Date
(An additional article must be added if an effective date is requested.)

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 duties of my duties are familiar with and accept the obligations of my duties are registered agent.

Signature/Registered Agent

16/27

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