COOO 108348 TRANSMITTAL LETTER

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

000003067460-<u>0</u> -12/13/99-01067-001 *****87.50 *****87.50

SUBJECT: Helping Hand ASSISTED Home Care (Proposed corporate name - must include suffix)			
endage of the second of the se			
Enclosed is an original and one(1) copy of the article	s of incorporation and a	check for:	
☐ \$70.00 ☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
and the second s	ADDITIONAL CO	PY REQUIRED	
FROM: Michelle Farmer			
	nted or typed)	0	
1802 E Osbori	ne AUE Idress	99 DEC SECAL TALLAI	
_ Tampa F/	33610 tate & Zip	DEC 13 PH 2: 27	
Michelle Farmer GAVE (813) 238-656 Daytime Tele	ephone number		
AUTHORIZATION BY PHONE TO			
DATE 12/15 and rainto rather values DOC. EXAM SHT name.		S. Thompson DEC 1 5 1999	
NOTE: Please provide the original and one copy of the articles			

ARTICLES OF INCORPORATION

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
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The name of the corporation shall be:

Helping Hand Assisted Homecare, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1802 E Osborne AUE Tampa F1 33610

ARTICLE III SHARES

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

share

<u>INITIAL REGISTERED AGENT AND STRE</u>

The name and Florida street address of the initial registered agent are:

Michelle Farmer 1802 E. Osborne Ave. Tampa, FL 33610

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

1802 5 Osborge AVE

Michelle Farmer

Tampa 71 33610

(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 position as registered agent

Signature/Registered Agent