

TRANSMITTAL LETTER

P99000109704

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

800003058168--2
-12/01/99--01077--022
*****87.50 *****87.50

SUBJECT: HELPING HANDS
(Proposed corporate name - must include suffix)

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 of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: DEBRA J. MAIDA
Name (Printed or typed)

3409 WHITTIER ST.
Address

TAMPA FL 33619
City, State & Zip

(813) 622-7810
Daytime Telephone number

99 DEC 21 AM 10:13
FILED
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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

W-28528
W-27751
15/11/6



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 15, 1999

DEBRA J. MAIDA
3409 WHITTIER ST.
TAMPA, FL 33619

SUBJECT: A+ HELPING HANDS FOR FAMILIES INC.
Ref. Number: W99000028528

We have received your document for A+ HELPING HANDS FOR FAMILIES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6878.

Alan Crum
Document Specialist

Letter Number: 999A00058770

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

The name of the corporation shall be:

A+ Helping Hands For Families INC.

ARTICLE II PRINCIPAL OFFICE

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

3409 WHITTIER ST
TAMPA FL 33619

ARTICLE III SHARES

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

500 @ \$1.00 PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DEBRA J MAIDA
3409 WHITTIER ST
TAMPA FL 33619

ARTICLE V INCORPORATOR

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

DEBRA J MAIDA
3409 WHITTIER ST
TAMPA FL 33619

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Signature Incorporator



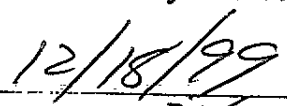
Date

(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 position as registered agent



Signature Registered Agent



Date