

723000009214
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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****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
 HELPING HAND NURSE REGISTRY INC**

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

2023 3 Feb 4:25

23 FEB -3 PM 12:35

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Helping Hand Nurse Registry INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

8360 SW 35 Terrace

Miami, FL 33155

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Yoelainys Hidalgo (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Yoelainys Hidalgo

8360 SW 35 Terrace

Miami, FL 33155

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Yoelainys Hidalgo

8360 SW 35 Terrace

Miami, FL 33155

29 FEB -3 01:11:35

Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 _____ Registered Agent	_____ 2/2/2023 Date
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I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 _____ Incorporator	_____ 2/2/2023 Date
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23 FEB -3 4:12:35