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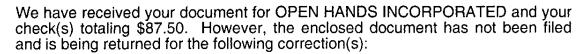
## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 1, 2013

TANICA LASHEA REASE 1809 MOUND ST ORANGE PARK, FL 32073

SUBJECT: OPEN HANDS INCORPORATED

Ref. Number: W13000037588



The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

It appears from the information in your purpose that your intention is to file as a Non-profit corporation. An application has been enclosed if the other was filed in error.

Please return 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) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 013A00016324

## **COVER LETTER**

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

SUBJECT: Shaijkwan and Kenyatta Open Arms Incurporated (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Enclosed is an original a	nd one (1) copy of the Ar	ticles 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
		ADDITIONAL CO	PY REQUIRED

FROM: Tanica L. Rease Name (Printed or typed)
1809 Mound Street
Orange Park, Florida 32073 City, State & Zip
904-343-0477 Daytime Telephone number
Tanica 12001@yahoo.com

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME The name of the corporation shall be: Shaykwan and Ker	yatta Open Arms Incorporated
ARTICLE II PRINCIPAL OFFICE	· · · · · · · · · · · · · · · · · · ·
Principal <u>street</u> address: 1809 Mound Street	Mailing address, if different is:
Orange Park Florida	
39073	:
	pose of which this corporation has
been organized is to feed the homeles	
	program for children within the community
	to safely prepare meals for themselve
while their parents are not at home.	We will also provide tutoring service
,	during Summer break for children of this organization is not only to take care for all of their nercls so they which the directors are elected and appointed: The manner in
which the directors are elected and ap reviewed by a pannel.  ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	
Name and Title: Tanica L. Rease - President Name a	nd Title: Kenyatta M. Hogan - Secretary
Address 1809 Mouncl Street Addres	, ,
Orange Park Fl	
32013	32073 <u> </u>
Name and Title: Shaykulan Shanks - Treasure Name a	nd Title:
Address 1809 Mound Street Addres	
Orange Park, Fl	
<i>32</i> 073	
Name and Title: Name a	and Title:
Address Addres	s: A T
	PM 2:
	* 32

Required Signature of Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					·
Address:  Name and Title:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  Tanica L. Rease  Address:  Isog Mound Street  Orange Park Fl 32073  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Tanica L. Rease  Address:  Isog Mound Street  Orange Park, Fl 32073  Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Tanica L. Require Signature of Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in to the Department of State constitutes at third degree felony as provided for in s.817.155, F.S.					
Name and Title:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Name:  Tanica L. Rease  Address:  Name:  Address:  Address:	nd Title:		Name and Title		
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Tanica L. Rease  Address: 1809 Mound Street  Orange Park, Fl. 32073  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Tanica L. Rease  Address: 1809 Mound Street  Orange Park, Fl. 32073  Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Tanica L. Require (Signature of Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			Address:		
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- 1 P	this document epartment of S	at and affirm that the facts state State constitutes a third degree	ed herein are true. I am felony as provided for it	aware that any false in n s.817.155, F.S.	formation submitted in a doc
Janua L. 1 east 1-9-201	nica	L. Rease			1-4-2014