

N/A000010363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

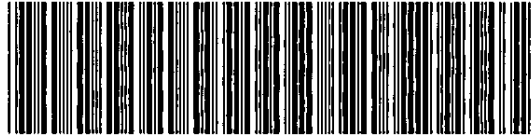
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/29/14--01014--014 \*\*78.75

14 NOV -7 PM 4:48  
RECEIVED  
FILING OFFICE  
TOLSON

WA-60360

**COVER LETTER**

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

**SUBJECT: Hands On Parent Association Inc.**  
**(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

**ADDITIONAL COPY REQUIRED**

**FROM: Susan Giovinazzo**  
Name (Printed or typed)

**17611 Lake Park Rd.**  
Address

**Boca Raton, Fl. 33487**  
City, State & Zip

**561 865 2223**  
Daytime Telephone number

**sue@getreadyssetgrow.com**  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2014

SUSAN GIOVINAZZO  
16687 JOG RD  
DELRAY BEACH, FL 33446

SUBJECT: HANDS ON PARENT ASSOCIATION INC.  
Ref. Number: W14000060350

We have received your document for HANDS ON PARENT ASSOCIATION INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 514A00021175

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14 OCT 20 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2014

SUSAN GIOVINAZZO  
16687 JOG RD  
DELRAY BEACH, FL 33446

SUBJECT: HANDS ON PARENT ASSOCIATION INC.  
Ref. Number: W14000060350

RECEIVED  
14 NOV -7 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for HANDS ON PARENT ASSOCIATION INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 514A00021175

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

**ARTICLE I NAME**

The name of the corporation shall be: Hands On Parent Association Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address:	Mailing address, if different is:
<u>16687 Jog Rd.</u>	_____
<u>Delray Beach</u>	_____
<u>Florida 33446</u>	_____

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Parent Association/Charity

Parent run association/Charity fund raising. All assets remaining upon dissolution of Corporation will be donated to a known charity

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

Directors are voted into office by a show of raised hands. Directors are all volunteers.

14 NOV - 7 PM 1988

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Susan Giovinazzo Director</u>	Name and Title: <u>Meaghan Gomez Director</u>
Address: <u>16687 Jog Rd.</u>	Address: <u>16687 Jog Rd</u>
<u>Delray Beach Fl. 33446</u>	<u>Delray Beach Fl. 33446</u>

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Susan Giovinazzo

Address: 16687 Jog Rd.

Delray Beach, Fl 33446

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Susan Giovinazzo

Address: 16687 Jog Rd.

Delray Beach, Fl 33446

14 NOV -7 PM 4:48  
STATE OF FLORIDA  
TALLAHASSEE, FL 32304

*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*

Susan Giovinazzo  
Required Signature of Registered Agent

January 1, 2015  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

Susan Giovinazzo  
Required Signature of Incorporator

January 1, 2015  
Date