

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H050001379193)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

FLORIDA QUALITY SUPPORT AND SERVICES, INC.

Certificate of Status	C Company of the Comp
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

DIVISION OF CORPORALION

Electropic Filing Menu

Corporate Filing

Public Access Help



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 3, 2005

FAS-T CORP AGENTS, INC.

SUBJECT: FLORIDA QUALITY SUPPORT AND SERVICES, INC. REF: W05000027591

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L98000002695.

If you have any further questions concerning your document, please call (850) 245-6955.

Suzanne Hawkes Document Specialist New Fillings Section FAX Aud. #: H05000137919 Letter Number: 905A00039461

ARTICLES OF INCOPORATION

OF:

Hands On Support and Services, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Hands On Support and Services, Inc.

The principal place of business of this corporation shall be:

13327 S.W. 112TH Court Miami, Fl 33176

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any time is: 500 Shares

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address (es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

Jody M. Willis, Pres., Trs. 13327 S.W. 112th Court, Miami, Fl 33176 Edward E. Willis, VP, Sec., 13327 S.W. 112th Court, Miami, Fl 33176

Prepared by: Jaime Maya 7705 NW 23^{rt} Street Pembroke Pines, Florida 33024 (954) 981-4819

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is (are):

Jody M. Willis, Pres., Trs. 13327 S.W. 112th Court, Miami, Fl 33176 Edward E. Willis, VP, Sec., 13327 S.W. 112th Court, Miami, Fl 33176

IN WITNESS WHEREOF, the undersigned incorporator(s) has (bave) executed these Articles of Incorporation this, 1st day of June, 2005

Signature(s) of Incorporator(s)

Edward E. Willis, Vice President

1. The name of the corporation;

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/RESGISTERED OFFICE
Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

Hands on Support and Service	es, Inc.
2. The name and address of the regi	stered agent and office is:
Jody M. Willis, President	
13327 S.W. 112 th Court	;
(P.O. BOX NOT ACCEPTABLE)	
Miami, Fl 33176	
(CITY/STATE/ZIP)	
	STONIA TETDIS . Tales
SIGNATURE	
TITLE: President	
	DATE + 6/1/05
	DAIE
HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE	
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO	
COMPLY WITH THE PROVISION	ns of all stautes relative to the
PROPER AND COMPLETE PERF	ORMANCE OF MY DUTTES, AND I ACCEPT
THE DUTIES AND OBLIGATION	IS OF SECTION 607.325, FLORIDA STATUTES.
•	O
	SIGNATURE * Pecker
	John M. Willis, President
000137919 3	DATE + 6/1/05