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#### **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: Hand in Hand Speech + Language Services Irc. (Name of corporation - must include suffix)				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.				
Please return all correspondence concerning this matter to the following:				
Jennifer Alsdorf				
Jennifer Alsdorf (Name of Person)				
Hand in Hand Speech & Language Services, Irc. (Firm/Company)				
816 Forest wood Drive				
(Address)				
Minneola, FL 34715 (City/State and Zip code)				
(City/State and Zip code)				
For further information concerning this matter, please call:				
Fennifer Alsdorf #1 352, 536-2561				
Ternifer Alsdixf at (352) 536 - 2561 (Name of Person) (Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a check for the following amount:				
\$70.00 Filing Fee \$78.75 Filing Fee \$ \$78.75 Filing Fee \$ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy				



March 22, 2006

JENNIFER ALSDORF 816 FOREST WOOD DRIVE MINNEOLA, FL 34715

SUBJECT: HAND IN HAND SPEECH & LANGUAGE SERVICES, INC.

Ref. Number: W06000013884

We have received your document for HAND IN HAND SPEECH & LANGUAGE SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6928.

Letter Number: 506A00019583

Tim Burch Document Specialist

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. HARD IN Hand Speech & Canquage Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
inc., co., corp, inc, co, or corp. )
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. <u>Georgia</u> 3. <u>58-2521859</u>
2. Georgia 3. 58 - 2521859 (State or country under the law of which it is incorporated) (FEI number, if applicable)
1 1/2/00 solia construit
4. 1/12/00 5. Alfa Dernetual (Duration: Year corp. will cease to exist or "perpetual")
6. (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 816 Forestwood Drive Minneola, fr 34715 (Principal office address)
816 Forestwood Drive Minneola, FL 34715 = 37
(Current mailing address)
inc. I
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Jennifer Alsdorf
Office Address: 816 Forestwood Dr.
Minnepla. Florida 34715
Minneola, Florida 34715 (City) (Zip code)
10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS		
Chairman: Jennifer Alsdorf		
Address: 816 Forestwood Dr.	<del>Z</del> S	22
Minneola, FL 34715	L Co	ਲ <del>&gt;</del> `
Vice Chairman: SAME	ASS.	<del>-</del> δ Γ
Address:	EE C	
	407±	<u>*</u>
Director: SAMC	A TE	52
Address:		· •
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Director: SAME		
Address:		
B. OFFICERS		
President: Jennifer Alsdorf		
Address: 816 Forestwood Dr.		
Minnepla, FL 34715		
Vice President: Jennifer Alscorf		
Address: 816 Forestwood Dr.		
Minneola fr 34715		
Secretary: Jennifer Alsdorf		<del></del>
Address: 816 Forestwood Dr. Minnepla, FL 34715		
Treasurer: Jenoifer Alsdorf		
Address: 816 Forestward Dr. Minneula, FL 34715		
<del></del>		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or dire	ctors.	
13. Jufan Cilodef		
(Signature of Director or)Officer listed in number 12 of the application)		
14. <u>Jennifer Fisdorf</u> (Typed or printed name and capacity of person signing application)		

#### **Secretary of State**

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0002195 DATE INC/AUTH/FILED: 01/12/2000 JURISDICTION : GEORGIA PRINT DATE : 03/13/2006

FORM NUMBER : 211

LOVINS, BRANCH & COMPANY, P.C. AMY SIKES P.O. BOX 2000 VIDALIA, GA 30475

## 200 APR -3 AN 8: 52 SECKLIARY OF STATE SECKLIARSSEE, FLORIDA

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

HAND IN HAND SPEECH & LANGUAGE SERVICES, INC.

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has hot filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20060313213221751



Cathy Cox Secretary of State