

F12000001842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

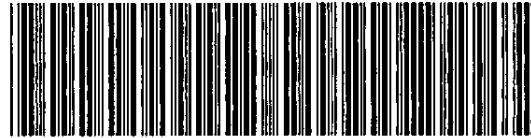
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/08/12--01002--002 **70.00

FILED
2012 APR 30 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 01 2012

W12-13444



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2012

ELIZABETH SHEWELL
619 NEW YORK AVE
CLAYMONT, DE 19703

SUBJECT: HANDS ON TECHNOLOGY, INC
Ref. Number: W12000013444

We have received your document for HANDS ON TECHNOLOGY, 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 name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 012A00008833

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Hands on Technology, Inc
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," or "Certificate of Good Standing" 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:

Elizabeth Shewell

Name of Person

Corporate Consulting Ltd

Firm/Company

619 New York Ave.

Address

Claymont, DE 19703

City/State and Zip code

beth@ready2inc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Shewell

Name of Person

at (302) 798-6015

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 &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

2012 APR 30 PM 12:32
TALLAHASSEE, FL 32301
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

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. HANDS ON TECHNOLOGY, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"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. DELAWARE

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. FEBRUARY 8, 2012

(Date of incorporation)

5.

PERPETUAL

(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. 656 Vineyard Way Poinciana, FL 34759

(Principal office address)

656 Vineyard Way Poinciana, FL 34759

(Current mailing address)

8. SERVICE

(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: BARBARA A. LAHIFF

Office Address: 656 VINEYARD WAY

POINCIANA

(City)

Florida

34759

(Zip code)

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TALLAHASSEE, FLORIDA

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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.

Barbara A. Lahiff

(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: BARBARA A. LAHIFF

Address: 656 VINEYARD WAY
POINCIANA, FL 34759

Vice Chairman: KATHLEEN CHANDLER

Address: 656 VINEYARD WAY
POINCIANA, FL 34759

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: BARBARA A. LAHIFF

Address: 656 VINEYARD WAY
POINCIANA, FL 34759

Vice President: KATHLEEN CHANDLER

Address: 656 VINEYARD WAY
POINCIANA, FL 34759

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Barbara A. Lahiff

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. BARBARA A. LAHIFF - PRESIDENT

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FL 32301
SECRETARY OF STATE

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HANDS ON TECHNOLOGY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2012.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9382315

DATE: 02-22-12