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(Do	cument Number)			
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

	Filing Sectionsion of Corpo				
SUBJECT	HAND	NI MANA	GEME	NT INC	
	, <u> </u>	Name o	f corporation	ı - must include suffix	
Dear Sir or I	Madam:				
"Certificate	of Existence,"		of Good Star	Authorization to Transanding" and check are subsess in Florida.	
Please return	all correspon	dence concernir	ig this matte	r to the following:	
EVELY	N WILK	INSON			
			Name of	Person	
00451		DI) (D 01	Firm/Con	• •	
661BL	ANDING	BLVD SU			
ORANG	GE PAR	K, FL 320	Addri 73	ess	
			City/State a	nd Zip code	
EVELYI		JTOS.COM			
		E-mail address:	(to be used	for future annual report	notification)
For further is	nformation co	ncerning this ma	itter, please	call:	
EVELY	N WILK	INSON ,	904	, 589-5825	
Nar	ne of Person			Code & Daytime Teleph	one Number
New Divi Clift 2661	EET/COURI Filing Sections sion of Corpor on Building Executive Contacts ahassee, FL 3	rations enter Circle	:	MAILING A New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a	check for the	following amou	ınt:		
□ \$70.00 F	iling Fee G	\$78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION	N,"	
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transaction	ng business in Florida)	
UTAH 3		47-2171062		
	y under the law of which it is incorporated) .RY 7, 2011 5.	(FEI number, if applicable)		
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
	W KINGS RD JACKSON\ (Principal office add) DING BLVD SUITE 281 OR	ress)	 73	
	(Current mailing add	·	AON 11	
Name and stree	et address of Florida registered agent: (P.C	O. Box NOT acceptable)	S	
Name:	EVELYN WILKINSON			
fice Address:	661 BLANDING BLVD SUITE	281	1 4 47 1147 1147 1147 105	
	ORANGE PARK		57	
	(City)	(Zip code)		

9. 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)

10. 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.

· 11. Names and business addresses of officers and/or directors: A. DIRECTORS ' Chairman: HILDRED TUTEIN Address: 661 BLANDING BLVD SUITE 281 **ORANGE PARK, FL 32073** Vice Chairman: EVELYN WILKINSON Address: 661 BLANDING BLVD SUITE 281 ORANGE PARK, FL 32073 Director: DAVID WILKINSON Address: 661 BLANDING BLVD SUITE 281 **ORANGE PARK, FL 32073** Director: IRENE WILKINSON Address: 661 BLANDING BLVD SUITE 281 ORANGE PARK, FL 32073 **B. OFFICERS** President: Vice President: Secretary: _____ Treasurer: Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. 13. EVELYN WILKINSON, VICE CHAIRMAN



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849

Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

10/24/2014 7908416-014210242014-2125549

CERTIFICATE OF EXISTENCE

Registration Number:

7908416-0142

Business Name:

HANDINI MANAGEMENT INC.

Registered Date:

February 07, 2011

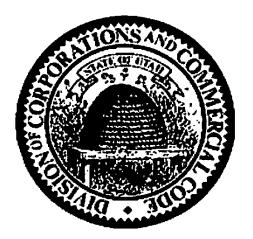
Entity Type:

Corporation - Domestic - Profit

Current Status:

Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Hathy Berg

Kathy Berg Director

Division of Corporations and Commercial Code

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