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TRANSMITTAL LETTER

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

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SUBJECT:	Hands of Wig	Sdom, Inc. te name - must include suff	ix)	<u> </u>) 조선 ## · *
Enclosed is an original ar	nd one(1) copy of the article	s of incorporation and a	check for :		
□ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate		
FROM: _	A919 NE	1341 Drive	OOMAY 7 AM II: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	352 376-			-	due v

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

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:
The name of the corrogation shall be:
The halife of the corporation shall be.
Hands of Wisdom ITAC
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:
Gainesville, FL 4506 NW 20th Dr
Gainesville, FL 32605
ARTICLE III PURPOSE(S) The specific purpose(s) for which the corporation is organized is(are): TO fac. /i Fate appropriate distribution of community resource within the compositions general service area-
ARTICLE IV MANNER OF ELECTION OF DIRECTORS The manner in which the directors are elected or appointed is:
The directors are appointed.
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:
WendyRouse
2919 NE13th Drive
Crainesville, FL 32609 ARTICLE VI INCORPORATOR
The name and address of the Incorporator to these Articles of Incorporation are:
Tina Johnson - 3480 SE194 Ave, Gainesville FL 3264
d. A.1 5-8-00
Jina Muson 5-8-00 Date
· Normality Could be all the

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

(An additional article must be added if an effective date is requested.)

Signature/Registered Agent

5 18 100 Date