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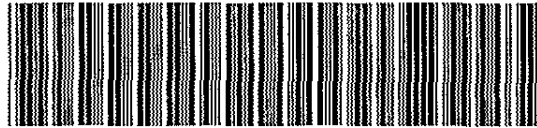
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1/3/03

TRANSMITTAL LETTER

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

SUBJECT: Extending Hands, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Barbara Hoosier
Name (Printed or typed)

4490 Kirkland Blvd.
Address

Orlando, FL 32811
City, State & Zip

407-484-0483
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

December 19, 2002

BARBARA HOOSIER
4490 KIRKLAND BLVD.
ORLANDO, FL 32811

SUBJECT: EXTENDING HANDS, INC.
Ref. Number: W02000035436

We have received your document for EXTENDING HANDS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

An effective date **may** be added to the Articles of Incorporation **if a 2003 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the 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) 245-6067.

Neysa Culligan
Document Specialist
New Filing Section

Letter Number: 102A00066751

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I- NAME

The name of this not for profit corporation is X-tending Hands, Inc.

ARTICLE II- PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be at
5907 Harrington Dr. Orlando, Fl. 32808

ARTICLE III- PURPOSE

The purpose for which X-tending Hands, Inc. to have a grassroots organization that will create environments that enhance the "quality of Life" and develop a strong sense of identity, purpose and self-worth.

ARTICLE IV - MANNER OF ELECTION

The directors of this corporation are to be elected or appointed in the manner specified in the bylaws of the corporation. This corporation shall have three directors constituting of the initial Board of Directors. The number of directors may be increased from time to time by the bylaws of this corporation. The name and address of the initial Board of Directors of this corporation are as listed.

ARTICLE V- INITIAL DIRECTORS/OFFICERS

Name:	Address:	Title:
Barbara Hoosier	4490 Kirkland Blvd. Orlando, Fl.	President/CEO
Nicola Norton	7641 Harbor Bend Cir. Orlando, Fl.	Secretary
Joan Estival	2340 Grand Poplar St. Ocoee, Fl.	Vice-President
Marie Blain	5604 Cortez Dr. Orlando, Fl.	Treasure

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the corporation is 5907 Harrington Dr. Orlando, Florida 32808 and the name of the initial registered agent of this corporation at that address is Sarah Williams.

ARTICLE VII - INCORPORATOR

The name and address of each person signing these Articles of Incorporators are:

NAME	ADDRESS
Barbara A. Hoosier	4490 Kirkland Blvd. Orlando, Florida 32811

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. I am familiar with and accept the appointment as registered agent and agree to act in the capacity.

Sarah White

Signature/Registered Agent

12-29-02

Date

Barbara Hoosier

Signature/Incorporator

12-29-02

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA