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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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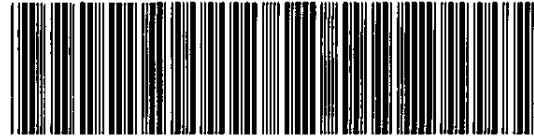
(Business Entity Name)

(Document Number)

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AND  
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10 JUL -6 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ps 7/8/10

## COVER LETTER

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

SUBJECT: Florida Hands & Voices, 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: Katharine Dagenais  
Name (Printed or typed)

3454 Curving Oaks Way  
Address

Orlando, FL 32820  
City, State & Zip

(407) 803-2499  
Daytime Telephone number

*flhandsandvoices@live.com*  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:  
Florida Hands & Voices, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
3454 Curving Oaks Way  
Orlando, FL 32820

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This corporation is organized for charitable, religious, educational and scientific purposes to support and advocate for families of children who are deaf or hard of hearing, including for such purposes the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

The directors will be elected by the membership at the initial meeting of members and at subsequent annual membership meetings.

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

Katharine Dagenais, 3454 Curving Oaks Way, Orlando, FL 32820, President/Director  
Christina Arenth, 1840 Huron Trail, Maitland, FL 32751, Secretary/Director  
Caroline Calvo, 304 Nestling Cove, Chuluota, FL 32766 Treasurer/ Director

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Katharine Dagenais 3454 Curving Oaks Way, Orlando, FL 32820

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Katharine Dagenais 3454 Curving Oaks Way, Orlando, FL 32820

\*\*\*\*\*

*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 this capacity.*

\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL -6 AM 9:25

APPROVED  
AND  
FILED