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To:

Division of Corporations

Fax Number

: (850) 922-4001

From:

Account Names : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone : (305)599-0839 Fax Number: (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

"HANDS ON CREATIVE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78,75

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ARTICLES OF INCORPORATION

OF

HANDS ON CREATIVE, INC.

The undersigned incorporators desire to form a corporation pursuant to Chapter 607, Florida Statutes and hereby adopt the following articles of incorporation for such corporation.

<u>ARTICLE I</u>

<u>NAME:</u> The name of the corporation shall be:

HANDS ON CREATIVE, INC.

ARTICLE II

<u>PURPOSE AND POWER</u>: The purpose for which the corporation is formed is to engage in any activity and business permitted under the laws of the State of Florida.

ARTICLE III

PRINCIPAL OFFICE: The address of the corporation's principal office shall be:

1775 WASHINGTON AVE. APT. 5-B MIAMI BEACH, FL. 33139

ARTICLE IV

INCORPORATOR(S): The name and address of the incorporator(s) is

(are):

MARIA CLAUDIA SARMIENTO 1775 WASHINGTON AVE. APT. 5-B MIAMI BEACH, FL. 33139

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<u>ARTICLE V</u>

DIRECTORS: The number of directors constituting the corporation's initial Board of Directors is (are) one whose name and addresses is (are):

MARIA CLAUDIA SARMIENTO 1775 WASHINGTON AVE. APT. 5-B MIAMI BEACH, FL. 33139

<u>ARTICLE VI</u>

SHARES OF STOCKS: The aggregate number of shares of stock the corporation is authorized to issue is **100** shares which shares shall be common stock having **\$1.00** par value.

ARTICLE VII

DURATION: The duration of the corporation shall be perpetual.

ARTICLE VIII

<u>REGISTER AGENT:</u> The name and address of the permanent registered agent is:

MARIA CLAUDIA SARMIENTO 1775 WASHINGTON AVE. APT. 5-B MIAMI BEACH, FL. 33139

IN WITNESS THEREOF, We have executed these articles of Incorporation in

Miami, Miami-Dade County, Florida on this 5th day of January, 2000.

SWORN AND SUBSCRIBED before me on this 5th day of January, 2000.

ANGEL D. CORDOVA

COMMESSION & COMMES EXPIRES BISERD THRU ASA 1-868 NOTARY

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In compliance with section 607.034 of the Florida Statutes, the following is submitted:

desiring to organize or qualify under the laws of the State of Florida, with its principal place of business in the City of MIAMI BEACH County of MIAMI-DADE State of Florida has name MARIA CLAUDIA SARMIENTO located at 1775 WASHINGTON AVE. APT. 5-B, MIAMI BEACH, FL. as its agent to accept service of process within the State of Florida.

Mailing address is: 1775 WASHINGTON AVE. APT. 5-B MIAMI BEACH, FL. 33139

<u>ACKNOWLEDGMENT</u>

Having been name to accept service of process for the above mentioned corporation, at the place designated in this Certificate, I hereby am familiar with and accept the duties and responsibilities as register agent for said corporation and agree to act in this capacity, and further agree to comply with the provisions of all Statutes relative to the proper and complete performance of my duties.

Dated this 5th day of January, 2000.

MARIA CLAUDIA SARMIENTO REGISTER AGENT

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