

P 000000 54193

TRANSMITTAL LETTER

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

FILED  
00 MAY 26 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Handcrafted Bags Corporation  
(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 of  
Status

ADDITIONAL COPY REQUIRED

FROM: Ana Maria Reis Farina  
Name (Printed or typed)

400003268024--7  
-05/26/00--01044--016  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

2305 Lake Debra Drive, Apt. 2935

Address

Orlando, FL 32835-6660

City, State & Zip

(407) 523-3324

Daytime Telephone number

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

JUN 6 2000

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

HANDCRAFTED BAGS CORPORATION

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7802 KINGSPONTE PARKWAY, SUITE 105  
ORLANDO, FL 32819

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

IMPORT AND RESALE OF LEATHER GOODS

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ANA MARIA REIS FARINA  
2305 LAKE DEBRA DRIVE APT. 2935  
ORLANDO, FL 32835-6660

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ANA MARIA REIS FARINA  
2305 LAKE DEBRA DRIVE APT. 2935  
ORLANDO, FL 32835-6660

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANA MARIA REIS FARINA  
2305 LAKE DEBRA DRIVE APT. 2935  
ORLANDO, FL 32835-6660

\*\*\*\*\*

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

Ana Maria Reis Farina  
Signature/Registered Agent

05.23.00  
Date

Ana Maria Reis Farina  
Signature/Incorporator

05.23.00  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 MAY 26 AM 9:17

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