ON THE STATE OF TH		7
XPRESS CORPORATE FIL	ING SERVICE INC	
(Requestor's Name)		
1000 PONCE DE LEON BL' (Address)  CORAL GABLES, FLORIDA		
(City, State, Zip)	·	
(Phone#) (FA	5)444-4977 OFFICE USE ONLY X#)	
CORPORATION NAME(S) &	DOCUMENT NUMBER(S) (if known):	
1. FRIENDLY (Corporation Name)	HANDS INTERNATIONAL, COR.	
2. (Corporation Name)	(Document #)	
3.		
(Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	4 ~ ?
Walk in Pick up time	Certified Copy	
Mail out Will wait	Photocopy Certificate of Status	
Mail out Will wait	Thousand and the second	
	Photocopy Certificate of Status SECRET AM 10: DEPARTMENTS	•
NEW FILINGS	Certified Copy    Certified Copy   Certificate of Status   Certificate of Stat	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent	
	Dissolution/Withdrawal	-
Domestication	Merger	•
Other	Medger	
OTHER FILNGS	REC/STRATION/ 80003308368——E -06/29/0001032024 -08/4LIFICATION	-
Annual Report	******(8.(5 ******(8.(5	
Fictitious Name	Foreign	
Name Reservation	Lirhited Partnership	- ,
	Reinstatement	
	Trademark / / J	
	Other	

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JUNE 27, 2000 Date

	Date
Secretary of State Division of Corporat P.O. Box 6327 Tallahassee, Fl. 3231	4
Re	FRIENDLY HANDS INTERNATIONAL, CORP. , Inc.
	(name of corporation)
check in the amount	the original and one copy of Articles of Incorporation, together with my of \$  cost of the Filing Fees, Certified Copy of Articles of Incorporation and Agent Designation for the above named corporation.  Very truly yours,
	very trainy yours,
	(individual's name)
	FRIENDLY HANDS INTERNATIONAL, CORP.
	(name of corporation)
	MAILING ADDRESS OF CORPORATION  4315 N.W. 7 ST., STE 41
•	MIAMI, FLORIDA 33126

305 ) <u>444-0062</u>

Area Code

Phone Number

įξ. Ext

### ARTICLES OF INCORPORATION

FRIENDLY HANDS INTERNATIONAL, CORP.

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

#### ARTICLE I - CORPORATE NAME

The name of the corporation is:

### FRIENDLY HANDS INTERNATIONAL, CORP

### ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

### ARTICLE IV - CAPITAL STOCK

) of ONE 500 The corporation is authorized to issue \_\_FIVE\_HUNDRED\_\_\_\_shares ( ) par. value Common Stock, which shall be designated "Common Shares" Dollar(s) (\$1.00)

# ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

The Street addr		A SECTION OF THE PROPERTY OF T	· 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	
NAME	ALCIRA CASTRO	and the second s		
ADDRESS	4315 N.W. 7 ST.,	STE 41		
CITY	MIAMI	STATE FLORIDA	ZIP 33126	<u> </u>
		siling address of the corporation is:	,	

The principal office, if known, or the mailing address of the corporation is:

NAME	FRIENDLY HANDS INTERNA	ATIONAL, CORP.		turi e e
ADDRESS	4315 N.W. 7 ST., STE 4	1	1 Filter	***
CITY	MIAMI	STATE FLORIDA	ZIP 33126	<u></u>

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

( 5 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less thatn one (1). FIVE The names and addresses of the initial director(s) of the corporation are as follows:

The names an	d addresses of the initial direc	tor(s) of the corpor	addit are as 111			, 2	
NAME	ALCIRA CASTRO	PŘESI	<del></del>	20%	SHARES		1.5
ADDRESS CITY	7330 OCEAN TERR #1	903 STATE	FLORIDA	ZIP	33141	e va	
NAME ADDRESS	RECHER HERNAN VIVA		VICE PRES	IDENT	25%	SHARES	11 <u>CP</u> S
CITY	MIAMI	STATE	FLORIDA	ZIP	33126	154 U.L.	-
NAME	ISIDRO CASTRO	TREASURER		20%	SHÄRES		<u></u>
ADDRESS	7330 OCEAN TERR #1	903 STATE	FLORIDĀ	ZIP	33141	N. C. Audi	
CITY	LILENIA DELLOS		. L' †	s₽			

NAME	LUZ AMINTA SIERRA	SECRETARY	25% SHARES	
ADDRESS	4315 N.W. 7 ST., STE 41			
CITY	MIAMI	STATE FLORIDA	ZIP 33126	
NAME	WILLIAM A. CASTRO	SECRETARY	10% SHARES	
ADDRESS	2855 LEONARD DR. #G-414			_
CITY	AVENTURA S	STATE FLORIDA	ZIP 33160	
NAME				
ADDRESS				
CITY	5	STATE	ZIP	

;

.

### Article VII - INCORPORATORS

STATE CORDOVA STATE	ZIP	
CORDOVA		
	ZIP	
STATE	ZIP	
STATE	ZIP	l
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STATE	ZIP	
scriber (s) have execu	ed these Articles of Incorpo	
ne Un-		(Seal)
		(Seal)
,	•	(Seal)
SS		
)		
		rth above,
	Form of Identification	
PASSPO	RT #SC58958 ECUADO	DR
	Form of Identification	
	<u> </u>	
		e
h name, and that an oath wa	s not taken.	
Witness my hand and of	ficial seal in the County and State la	st aforesaid this
Notary Signiture		7
	passible (s) have executed the foregoing Articles of Incorporation, that I ch name, and that an oath war witness my hand and of 27 day	scriber (s) have executed these Articles of Incorporation, that I relied upon the form of identification  Form of Identification  Form of Identification  The foregoing Articles of Incorporation, who acknowledged before the form and that an oath was not taken.  Witness my hand and official seal in the County and State laterally and the foregoing Articles of Incorporation, and that an oath was not taken.

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

# CERTIFICATE OF REGISTERED AGENT OF

FRIEND	LY HANDS	INTERNATIONAL	, CORP.	
	(name of c	corporation)		

The ab	ove corpora	ida Statutes Sections 48.091 and 607.0501, the following is submitted: ration, desiring to organize under the laws of the State of Florida with ice as indicated in the Articles of Incorporation  .W. 7 ST., STE 41							; t == 1.	<i></i>		
	MIAMI,	FLORIDA	33126	\$ · · · ·	- v:	<u> </u>					erm onsere Podos	<u></u>
has na	med	ALCIRA	CASTRO		-			<del></del>	-		ا چنوړ د د چنوړ	

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

### **ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)

FORM 215: CERTIFICATE & ACKNOWLEDGEMENT REGISTERED AGENT

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