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

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SUBJECT:

Capable Hands, INC.

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

(Proposed corporate name - must include suffix)

Filing Fee F.	\$78.75 iling Fee Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL	S87.50 Filing Fee, Certified Copy & Certificate of Status COPY REQUIRED	effective date
FROM:	Nam	ne (Printed or typed)	AUTHORIZATION COMPANY	Yactidort GAVE
Amy Brockdorf 4362 Kelnepa D Jacksonville, Fl	DR. L 32207	Address Sity, State & Zip	DOC. EXAM	14, 125 28-01
_	(904) 448 Daytim	8-8123 651-6 ne Telephone number	1690 TABLER	01 DE

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

ARTICLES OF INCORPORATION		
The undersigned incorporator, for the purpose of forming a corporations a corporation of the purpose of forming a corporation and the following of the following articles are also articles of the following articles are also are also are also articles are also ar		O1DEC:
ARTICLE I NAME	S S S	\$ 6 F
The name of the corporation shall be: Capable Ha	nds, INC.	PH 4: 52
ARTICLE II PRINCIPAL OFFICE	A	10
The principal place of business and mailing address of this c Amy Brockdorf 4362 Kelnepa DR. Jacksonville, FL 32207	orporation shall be:	
ARTICLE III SHARES The number of shares of stock that this corporation is author	ized to have outstanding at any one	
1,000	ized to have odistanding at any one	EFFECTIVE DAT
ARTICLE IV INITIAL REGISTERED AGENT	AND STREET ADDRESS	
The name and Florida street address of the initial registered a		the No. William
Amy Brockdorf 4362 Kelnepa DR. Jacksonville, FL 32207 ARTICLE V INCORPORATOR		
The name and address of the incorporator to these Articles	of Incorporation are:	
Amy Brockdorf 4362 Kelnepa DR. Jacksonville, FL 32207	ARTICLE VI EFFECT	IVE DATE
	nall be JANUARY 1, 2002	
Amuru Brockdon		
Signature/Incorporator	Date	
(An additional article must be added if	an effective date is requested.)	
Having been named as registered agent and to accept service of process this certificate, I hereby accept the appointment as registered agent and the provisions of all statutes relating to the proper and complete performance of my position as registered agent	l agree to act in this capacity. I further as	gree to comply with
_amy w. Brockelor	12/19/0/	
Signature/Registered Agent	Date	