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Division of Corporations Page 1 of 1

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : CHEVOLO ACCOUNTING, INC.
Account Number : I20000000167
Phone : (954)777-0082
Fax Number : (954)777-0062

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FLORIDA PROFIT CORPORATION OR P.A.

Hands to Hands Support Coordination Services, Inc.

Certificate of Status	0
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6-20-05
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**ARTICLES OF INCORPORATION
OF**

Hands to Hands Support Coordination Services, Inc.

In compliance with Chapter 607 and/or Chapter 621 Florida Statutes, the undersigned incorporates, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE 1 NAME

The name of the corporation shall be: **Hands to Hands Support Coordination Services, Inc.**

ARTICLE 11 PRINCIPAL OFFICE

The mailing address of this corporation shall be:
941 S W 68th Avenue, North Lauderdale, Florida 33068

ARTICLE 111 PURPOSE

This corporation may engage in or transact any or all-lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, or nation.

ARTICLE 1V SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
**TEN THOUSAND (10000) SHARES OF COMMON STOCK WITH A PAR
VALUE OF ONE DOLLAR (\$1.00) PER SHARE.**

ARTICLE V TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V1 INITIAL OFFICERS - DIRECTORS

The name and street address of the initial officer and director is:
Geneva Williams – 941 S W 68th Ave, North Lauderdale, FL 33068
President/Treasury/Director

ARTICLE V11 INCORPORATORS

The name and address of the incorporator of these Articles of Incorporation is:
Geneva Williams – 941 S W 68th Ave, North Lauderdale, FL 33068

IN WITNESS WHEREOF, The undersigned incorporator have executed these
Articles of Incorporation this:

17th Day of JUNE, 2005

Geneva Williams

**STATE OF FLORIDA
COUNTY OF BROWARD**

THE FOREGOING instrument was acknowledged and sworn before me this

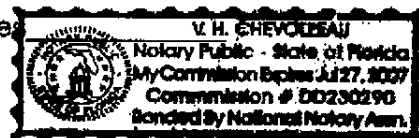
17th Day of JUNE, 2005, by Ms. IGNEVA WILLIAMS

OF HANDS TO HANDS SUPPORT COORDINATION SERVICE, INC

Notary Public

[Signature]

My Commission Expires



**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 of 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office / registered agent, in the State of Florida.

The name of the corporation is:

HANDS TO HANDS SUPPORT COORDINATION SERVICES, INC.

The name and address of the registered agent and officer is:

Geneva Williams

941 S W 68th Avenue, North Lauderdale, FL 33068

Having been named as registered agent and to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my position as registered agent.

SIGNATURE Geneva Williams DATE 6-17-05