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(Re	questor's Name)					
(Ad	dress)					
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
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Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					
Office Use Only						
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06 APR 10 PN 12: 35

April 4, 2006

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

RE: Hand in Hand Academy, Inc., a Florida Non-Profit Corporation Document # N04000002952

Dear Sir or Madam:

The above Corporation has been dissolved by us. We have no intention of revoking this voluntary Dissolution.

We give consent for the above name to be used as a new corporation, whereas we have enclosed new Articles of Incorporation for a Profit Corporation in the name of Hand in Hand Academy, Inc.

Sincerely, Wendy Viles

Wendy Viles, DPS

COVER LETTER

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

SUBJECT: Hand in Hand Academy, Inc								
	(PROPOSED CORPORA							
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:					
₹70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED					
FROM:	Wendy \							
	Name (Printed or typed)							
	19215 Livingston Ave. Address Lutz, FL 33559 City, State & Zip							
-								
	813-949	-3367						

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

Daytime Telephone number

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:

HAND IN HAND ACADEMY, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

19215 Livingston Ave. Lutz, FL 33559

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized for the purposes of conducting any and all lawful business enterprises under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

This corporation is authorized to issue One Thousand (1000) shares of stock having 1.00 par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Wendy Viles, DPS
Jeffrey Alexander, DVPT
Penny Bolduc, D

19215 Livingston Ave. Lutz, FL 33559
19215 Livingston Ave. Lutz, FL 33559
19215 Livingston Ave. Lutz, FL 33559

Penny Bolduc, D 19215 Livingston Ave. Lutz, FL 33559 Cheryl Larsen, D 19215 Livingston Ave. Lutz, FL 33559

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Wendy Viles 19215 Livingston Ave. Lutz, FL 33559

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Wendy Viles 19215 Livingston Ave. Lutz, FL 33559

	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					
-	-	-		آ آ	. 4 /	

Dendy Vills

Signature/Registered Agent

Date

4-6-06

Date

Signature/Incorporator

Date