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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION**COOKIE'S CARING HANDS, INC.**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF**

Cookie's Caring Hands, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Cookie's Caring Hands, Inc.

The principal place of business of this corporation shall be:

4620 39th Avenue
Vero Beach, FL 32967

The Mailing Address of this corporation shall be:

4620 39th Avenue
Vero Beach, FL 32967

ARTICLE II NATURE OF BUSINESS

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

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

500 (FIVE HUNDRED)

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

President: Clara Bryant
4620 39th Avenue
Vero Beach, FL 32967

Vice-President: n/a

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Clara Bryant
4620 39th Avenue
Vero Beach, FL 32967

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE)
EXECUTED THESE ARTICLES OF INCORPORATION THIS 9th DAY OF
November 2006.

SIGNATURE(S) OF INCORPORATOR(S)



CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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.

1. The name of the corporation is:

Cookie's Caring Hands, Inc.

2. The name and address of the registered agent and office is:

Clara Bryant
4620 39th Avenue
Vero Beach FL 32967

SIGNATURE Clara Bryant
DATE 11/9/06

Having been named to accept the service of process for the above stated Corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of section 607.325, Florida Statutes.

SIGNATURE Clara Bryant
DATE 11/9/06

Prepared by:
Novice's Accounting & Tax Service, Inc.
805 Virginia Ave Suite 29
Ft Pierce FL 34982
(772) 461-5987

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TALLAHASSEE, FLORIDA