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(R	Requestor's Name)	
(A	ddress)	
(A	(ddress)	
(C	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Nam	e)
`		-,
<u>(C</u>	Ocument Number)	
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

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

SUBJECT: Har	ids and Crayons Incorpo	rated	
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	i a check for:
\$70,00	√ \$78.75	S78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
	i		
FROM: L	ynn Ann Agnew		
	Name (Printed or typed)	
	46524 Laba Hashan Date		
	16531 Lake Heather Drive	ddress	
	A	laaress	
	T 51 00040		
	Tampa, FL 33618	24-5-72-	
	Cny,	State & Zip	
	(727)643-5807		
		elephone number	

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

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:

Hands and Crayons Incorporated

SECRETARY OF STATE.
DIVISION OF CORPORATIONS

06 DEC -1 PM 2: 29

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

16531 Lake Heather Drive Tampa, FL 33618

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide services with Handwriting Intervention and/or Hand Therapy/Occupational Therapy

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Director: Lynn Agnew OTR/L CHT

ARTICLE VI REGISTERED AGENT

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

James Agnew 16531 Lake Heather Dr Tampa, FL 33618

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lynn Agnew 16531 Lake Heather Dr Tampa, FL 33618

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

Signature/Registered Agent

Signature/Incorporator/

Date

Date