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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

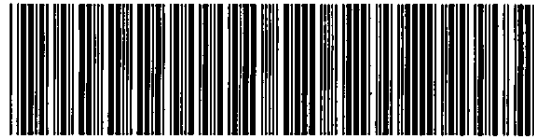
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

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

**SUBJECT:** Virtual Hands, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Tyline R. Medina

Name (Printed or typed)

P.O. Box 843

Address

Clarcona, Florida 32710-0843

City, State & Zip

(407) 694-8444

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2001 MAR 26 P 5:45

**FILED**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 14, 2007

TYLINE R. MEDINA  
P. O. BOX 843  
CLARCONA, FL 32710-0843

SUBJECT: VIRTUAL HANDS, INC.  
Ref. Number: W07000012580

We have received your document for VIRTUAL HANDS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham  
Document Specialist  
New Filing Section

Letter Number: 807A00017879

RECEIVED  
07 MAR 26 PM 12:11  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

✓ **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:

Virtual Hands, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

7201 Valiant Court, Orlando, FL 32818 / P.O. Box 843, Clarcona, Florida 32710-0843  
(physical address) (mailing address)

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Professional Online Scheduling Service

**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):

Tyline R. Medina, P.O. Box 843, Clarcona, Florida 32710-0843, President/Owner

**ARTICLE VI REGISTERED AGENT**

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

Tyline R. Medina, 7201 Valiant Court, Orlando, Florida 32818

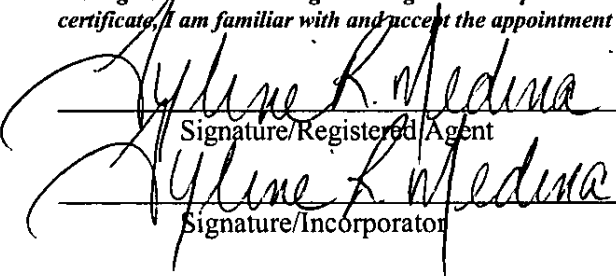
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Tyline R. Medina, 7201 Valiant Court, Orlando, Florida 32818

\*\*\*\*\*

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

3/21/07  
\_\_\_\_\_  
Date

3/21/07  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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