

Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

2008 MAY 13 A 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

HANDICAPPED CHARITABLE CONSULTING, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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DIVISION OF CORPORATION

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

HANDICAPPED CHARITABLE CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal Address: 5106 North Branch Avenue
Tampa, FL 33603

Mailing Address: 5106 North Branch Avenue
Tampa, FL 33603

ARTICLE III SHARES

The number of shares of stock this corporation is authorized to have outstanding at any one time is:

One-Thousand (1,000) Shares
Common Stock

ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida street address of the initial registered agent is:

Lisa J. Hermes
5106 North Branch Avenue
Tampa, FL 33603

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Lisa J. Hermes
5106 North Branch Avenue
Tampa, FL 33603

ARTICLE VI OFFICERS

The officer(s) of the corporation are:

Lisa J. Hermes—President, Secretary, Treasurer
5106 North Branch Avenue
Tampa, FL 33603

ARTICLE VII DIRECTORS


The director(s) of the corporation are:

Lisa J. Hermes—Director
5106 North Branch Avenue
Tampa, FL 33603

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

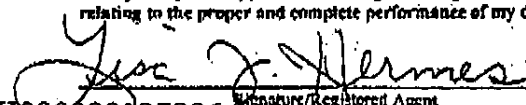
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Signature/Incorporator

5/13/08
Date

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 duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent

5/13/08
Date

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