

P09000016251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

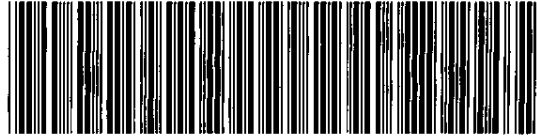
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W09-4989



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2009 FEB 19 PM 4:17

2/20/09

COVER LETTER

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DIVISION OF CORPORATIONS

2009 FEB 19 PM 4:17

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

SUBJECT: New Hands Consulting Services, 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: Elaine Lenon
Name (Printed or typed)

1301 NW 207th St.
Address

Miami, FL 33169
City, State & Zip

305-773-3643
Daytime Telephone number

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



RECEIVED
DEPARTMENT OF STATE

09 FEB 19 PM 2:42

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2009

ELAINE LENON
1301 NW 207TH STREET
MIAMI, FL 33169

SUBJECT: NEW HANDS CONSULTING SERVICES, INC.
Ref. Number: W09000004989

We have received your document for NEW HANDS CONSULTING SERVICES, 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):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please list the street address of each officer/director.

Please return the corrected 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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 909A00003632

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DIVISION OF CORPORATIONS
2009 FEB 19 PM 4:17

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2009 FEB 19 PM 4:17

ARTICLE I NAME

The name of the corporation shall be:

New Hands Consulting Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1301 NW 207th St.
Miami, FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Provide Sign language Services between Deaf + Hearing Clients

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):

Elaine Lenon, owner
1301 NW 207 St.
Miami, FL 33169

ARTICLE VI REGISTERED AGENT

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

Elaine Lenon
1301 NW 207th St. Miami, FL 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Elaine Lenon
1301 NW 207th St. Miami, FL 33169

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

Elaine Lenon

Signature/Registered Agent Elaine Lenon

1/24/09

Date

Elaine Lenon

Signature/Incorporator

Elaine Lenon

1/24/09

Date