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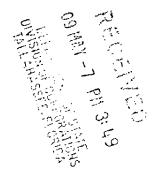
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CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):				
I. Hands on Ser (Corporation Name)	RVICE Group, COrp			
(Corporation Name)	(Document #)			
3. (Corporation Name)	(Document #)			
4. (Corporation Name)	(Document #)			
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	☐ Photocopy ☐ Certified Copy ☐ Certificate of Status			
NEW FILINGS	AMENDMENTS			
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger			
OTHER FILINGS	REGISTRATION/QUALIFICATION			
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other			
CP2E021/7/02)	Examiner's Initials			

ARTICLES OF INCORPORATION

OF

HANDS ON SERVICE GROUP, CORP.

The undersigned, being of legal age and a natural person, do hereby subscribe to, acknowledge and file the following Articles of Incorporation for the purpose of creating a corporation under the law of State of Florida.

ARTICLE I-NAME

The name of the corporation shall be:

HANDS ON SERVICE GROUP, CORP.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

15552 SW 39 STREET MIAMI, FI 33185

ARTICLE III - DURATION

This corporation shall commence its existence immediately upon the filing of these Articles of Incorporation and shall exist perpetually thereafter unless sooner dissolved according to law.

ARTICLE IV – PURPOSE

The 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.

ARTICLE V - AUTHORIZED SHARES

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

100 shares at \$ 1.00 (one dollar) each

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial office of this Corporation and Florida street address of the initial registered agent is:

NILKA C. AVILA 15552 SW 39 STREET MIAMI, FI 33185



ARTICLE VII - INITIAL BOARD OF DIRECTOR

This Corporation shall have one initial director. The number of directors may be either increased or diminished from time to time by the By-Law but shall never be less than one. The name and address of the initial director of this Corporation is:

NAME	TITLE	ADDRESS
Nilka Castro	President	14005 SW 56 Lane
		Miami, Fl 33183
Nilka C. Avila	Vice President	15552 SW 39 Street
		Miami, FL 33185

ARTICLES VIII – INCORPORATOR

The name and street address of the incorporator to these articles of incorporation is:

NILKA C. AVILA 15552 SW 39 STREET MIAMI, Fl 33185

ARTICLE IX – POWERS OF CORPORATION

The Corporation shall have the same powers as an individual to do all things necessary or convenient to carry out its business and affairs, subject to any limitations or restrictions imposed by applicable law or these Articles of Incorporation.

IN WITNESS WHEREOF, I, the undersigned, being the Incorporator hereinbefore named, for the purpose of forming a corporation to do business both within and outside the State of Florida, under the laws of Florida, make and file these Articles of Incorporation, hereby declaring and certifying that the facts herein stated are true, and hereunto sign my name on this 28th day of April, 2009.

NILKA C. AVILA

CERTIFICATE OF DESIGNATION OF 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:

Hands On Service Group, Corp.

2.	The name and address of the registered agent and office is:	09 HA
	Nilka C. Avila (Name)	MASSEE AN
	15552 SW 39 Street (Address)	II: 29 FLORIDA
	Miami, Fl 33185 (City/State/Zip)	

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) 04/28/2009 (Date)