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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.\*\*

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# FLORIDA PROFIT/NON PROFIT CORPORATION HANDSAVERS U.S.A., INC.

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11 MAY 24 AM 11: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION OF HANDSAVERS U.S.A., INC.

# ARTICLE |

#### NAME

The name of this Corporation shall be:

HANDSAVERS U.S.A., INC.

#### ARTICLE II

# <u>PURPOSE</u>

This Corporation is organized for the purpose of CONSTRUCTION TOOL transacting any and all lawful business.

# ARTICLE III

# **CAPITAL STOCK**

Corporation is authorized to issue 2000 shares of \$ 1 par value common stock.

# ARTICLE IV

# INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the Initial principal office of this Corporation is:

# 5900 CORNWALL LANE DAVIE, FL 33331

and the name of the initial registered agent of this Corporation

at the above address is:

**MADELYN A. REITANO** 

# ARTICLE V

# **DIRECTORS**

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

MADELYN A. REITANO

**RONALD B. REITANO** 

5900 CORNWALL LANE

**5900 CORNWALL LANE** 

**DAVIE, FL 33331** 

**DAVIE, FL 33331** 

# ARTICLE VI

# **INCORPORATOR**

The name and address of the person signing these Articles of Incorporation is:

MADELYN A. REITANO 5900 CORNWALL LANE DAVIE, FL 33331

#### ARTICLE VII

# **INDEMNIFICATION**

The Corporation shall indemnify any office or director or former director to the full extent permitted by law.

# ARTICLE VIII

# **AMENDMENT**

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment to them, and any right conferred upon the shareholders is subject to this reservation.

In witness whereof, the undersigned subscriber has executed these Articles of Incorporation on this 23 kg day of 2011.

State of Florida County of Broward

I hereby certify that on this 23 day of Cau, 2011.

MADELYN A. REITANO appeared before me, the undersigned authority, to me well known and known to me to be the individual described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same, freely and voluntarily for the purpose therein expressed.

Notary Public

Seal:



FAIX. PREZVERS 5

11 MAY 2L AM 11: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### CERTIFICATE DESIGNATION

# PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA.

# NAMING AGENT UPON WHICH PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida Statues, the following is submitted;

HANDSAVERS U.S.A., INC.

desiring to organize or qualify under the laws of the State of Florida, with its principal place of business in the city of **DAVIE** 

has named MADELYN A. REITANO

located at 5900 CORNWALL LANE, DAVIE, FL 33331

as its agent to accept service of process within Floridal

Corporate officer

Date\_<u>></u>

Title

Having been named to accept service of process for the above stated

Corporation, at the place designated in this certificate, I hereby agree to act in
this capacity, and I further agree to comply with the provisions of all statutes
relative to the proper and complete performance of my duties.

Corporate officer\_

Date 🔫