

(Re	equestor's Name)		
(0.4	dress)		
(Au	aless)		
(Address)			
(Cit	y/State/Zip/Phone	: #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	cument Number)		
ζ	<b>,</b>		
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		

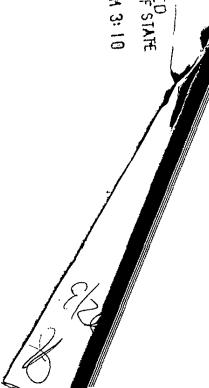
Office Use Only



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DEPARTMENT OF SING



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Handicapped Sales Workshop, Inc.	с.	<b></b>	
		Art of Inc. File	
		Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing  Certificate of Status  Certificate of Fictitious Name  Corp Record Search  Officer Search  Fictitious Search	
Signature		Vehicle Search  Driving Record	
Requested by: SETH 09/25/12  Name Date  Walk-In Will Pick Up	Time	UCC 1 or 3 File  UCC 11 Search  UCC 11 Retrieval  Courier	

## **COVER LETTER**

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

SUBJECT: MANDICA DED SA (PROPOSED CORPORAT	LES WORKSHOP, INC TENAME-MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee  & Certified Copy  & Certificate of Status  ADDITIONAL COPY REQUIRED
FROM: CHARLES Name	
1115 BANKS	ddress
MAR GATE, City, S	72 33063 State & Zip
772 - 341 - 10 Daytime Te	O 7 5/ Elephone number
E-mail address: (to be used	for future annual report notification)

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

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

ARTICLE I	NAME ,/, .	1 1.	
The name of the	NAME corporation shall be: HANDICAPI	per Sales Wor	KSHOP, INC.
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing addre	ss, if different is:
	MARGINE, EL		
	33063		
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
ARTICLE IV The number of sh			
	,		
Name and	INITIAL OFFICERS AND/OR DIRECT	<u>CTORS</u>	•
Address:	Charles Mark Schla	nkohl Drogidort	
	· 1115 Banks Road, M		-
•		j,	
	Fitle:	Name and Title:	
Address:		Address:	
Mone and	l'itle:	Nome and Title:	
Address:	inte:		
	REGISTERED AGENT		n.***
The <u>name and F</u> Name:	orida street address (P.O. Box NOT accepta		
Address:	417 E. VIRGINIA.	ST. 77-1	名 (對
	TA/laltassee, FC	<u>3-230</u> 1	
ARTICLE VII	INCORPORATOR		J 1
	Idress of the Incorporator is:		Dis Control of the Co
Name:	CHARLES MALL S	CHLAPKOHZ	All and the second seco
Address:	WAREATE FZ	33063	
		4	
	ned as registered agent to accept service of p un familion with and accept the appointment		
oras coras acue, 1	417/	as registered agera arm agree in nor ar	9/00/-
	AUG		1/12//2
Soth	Nee Required Signature/Registered Ages	to I cannot ton Inc	/Date
I submit this doc	ument and affirm that the facts stated here	in are true. I am aware that the falso	e information submitted in a
document to the	Department of State constitutes a third degree	e felony as provided for in s.817.155, F	.s.
///			9/2-/12
	Required Signature/Incorporator		Daye