

P15000071935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

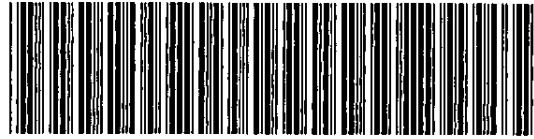
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
WIS - 55183

Office Use Only



700275847407

09/04/15--01004--001 \*\*17.50

08/10/15--01027--016 \*\*52.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 AUG 28 AM 11:19

APPROVAL  
AND  
FILED

**COVER LETTER**

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

SUBJECT: HANDS AROUND TOWN, 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: GUSTAVO RAMOS-HANDS  
Name (Printed or typed)

3421 NE 15<sup>TH</sup> AV. #4.  
Address

DAKLAND PARK, FL 33334  
City, State & Zip

954-9801005  
Daytime Telephone number

GUSTAVO 811@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 17, 2015

GUSTAVO RAMOS HANDS  
3421 NE 15TH AV. #4  
OAKLAND PARK, FL 33334

SUBJECT: HANDS AROUND TOWN. INC  
Ref. Number: W15000055183

We have received your document for HANDS AROUND TOWN. INC and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$17.50

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 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) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 515A00017334

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: HANDS AROUND TOWN, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3421 NE 15TH AV #4  
OAKLAND PARK, FL 33334

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: MOBILE GROOMING

**ARTICLE IV SHARES**

The number of shares of stock is: 100

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: GUSTAVO RAMOS Name and Title: \_\_\_\_\_

Address 3421 NE 15TH AV Address: \_\_\_\_\_  
#4  
OAKLAND PARK, FL 33334

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

APPROVED  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15 AUG 28 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: GUSTAVO RAMOS.  
Address: 3421 NE 15TH AV #4  
OAKLAND PARK, FL 33334.

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: GUSTAVO RAMOS  
Address: 3421 NE 15TH AV #4  
OAKLAND PARK, FL 33334.

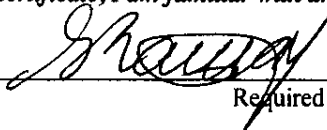
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08-06-15 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

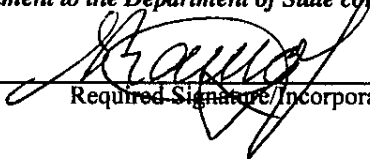
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

08-06-15  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

08-06-15  
Date