### Florida Department of State

Division of Corporations
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| To:    |                  |  |   |   |
|        | Division of Con  | rporations   |   |   |
|        | Fax Number       | : (850)617-6381                                    |   |   |
| From:  |                  |  |   |   |
|        | Account Name     | - LAZADUC CORRENANT                                |   | • |
|        |                  | : LAZARUS CORPORATE FILING SERVICE, INC.           | • | : |
|        | Account Number   |  |   | - |
|        | Phone            | : (305)552-5973                                    | • |   |
|        | Fax Number       | : (3 <del>0</del> 5)675-5944                       | , | - |
|        |                  |  | • | • |
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| **Ente | r the email addr | ess for this business entity to be used for future | • | г |
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# FLORIDA PROFIT/NON PROFIT CORPORATION AMAZING HANDS IN THE DARK CORP.

| Certificate of Status | 0       |
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Electronic Filing Menu

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11.

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE T MANAGE TO

| برخيده               | CLET NAME: T            | the name of the corpo  | ration is         |             |
|----------------------|-------------------------|------------------------|-------------------|-------------|
| AMAZING              | HANDS                   | IN THE                 | DARK              | Corp        |
|                      |                         | EINCIPAL OFFICE        |                   |             |
| The                  | e principal street addi | ress and mailing addr  |                   |             |
| MIAN                 |                         | 33186                  | )                 |             |
| ARTICLE III SE       | IARES: The number       | of shares of stock is: | 100               | •           |
| ARTICLE              |                         | RECTORS AND/OR         | OFFICERS:         | _A<br>-2    |
| 411111               | lorres                  | (P)                    |                   |             |
|                      | <del></del>             | <del></del>            | :                 |             |
|                      |                         |                        |                   | ::<br>::    |
|                      |                         |                        |                   | : 25        |
|                      |                         |                        | <del></del> -     | *********** |
| ARTICLE V IN         | TTIAL REGISTER          | ED AGENT AND ST        | TREET ADDRE       | 5 <u>S:</u> |
| The name and Florida | street address (PO B    | ox not acceptable) of  |                   |             |
| <u> </u>             | Torry                   | 25                     | <del></del>       | <del></del> |
| 10111                | SW_                     | 131 PL                 | ),                | _           |
| MIGI                 | Y) 1 + L                | <u>. 3318</u>          | (0                |             |
| ARTICLE VI IN        | <u>ICORPORATOR:</u> T   | he name and address    | of the Incorporat | or is:      |
| Vin                  | <u>ni Tor</u>           | res                    | ***               |             |
| 1017                 | L SW_                   | 137 PI                 |                   |             |
| <u>Miar</u>          | ni th                   | <u> 33180</u>          | 0                 | <del></del> |

## Required Signatures:

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

Registered Algent 7/20/18

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.

Incorporator 7/20/18