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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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**FLORIDA PROFIT/NON PROFIT CORPORATION
HANDS ON SERVICES INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Hands on Services Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

20800 NW 17 Ave
Miami gardens, FL 33056

ARTICLE III

The number of shares of stock is:

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Paulo Zancos (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Paulo Zancos
20800 NW 17 Ave
MIAMI GARDENS FL 33056**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:20800 NW 17 Ave
Miami gardens, FL 33056
PAULO ZANCOS

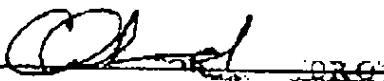
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Required Signatures:

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

 7/29/19
Registered Agent 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.

 7/29/19
Incorporator Date

TALLAHASSEE FLA. 3052201440

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