

10/14/2020

46 3052201440

LAZARUS CORPORATE

PAGE 01/03

P2000079604

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000356613 3)))



H200003566133ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CRAFTY HANDS CORP.

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

RECEIVED
2020 OCT 13 PM 2:59
FILED
20 OCT 13 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

D O'KEEFE

OCT 14 2020

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:CRAFTY Hands Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

12751 SW 17TerrMIAMI FL 33175**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Aluska Gómez Doma (VP)Sandra Jimenez Rodriguez (P)SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20 OCT 13 PM 5:17

FILED

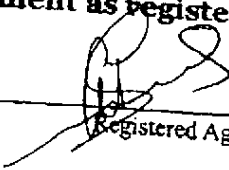
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Aluska Gómez Doma12751 SW 17Terr Miami FL 33175**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Aluska Gómez Doma12751 SW 17Terr Miami FL 33175

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

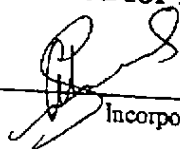


Registered Agent

10/13/20

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.



Incorporator

10/13/20

Date

FILED
20 OCT 13 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA