

P230000004671

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2023 JUN 27 14 9:44

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2023 JUN 27 9:02

COVER LETTER

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

SUBJECT: ALL In 1 Hands
(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: SABRINA KEMP
Name (Printed or typed)

2420 Bermuda Dr
Address

MIRAMAR, FL. 33023
City, State & Zip

954-305-2227
Daytime Telephone number

BreDiscis17@yahoo.com
E-mail address: (to be used for future annual report notification)

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

1/19/23

Affidavit

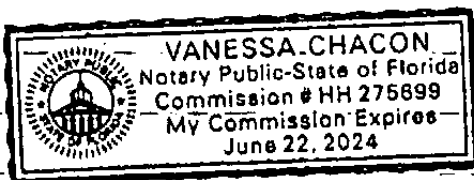
Business name: ALL IN 1 Hands

document # NO 800 00 11169

The undersigned hereby Affirms
that the Statement made in the
Foregoing Affidavit are true.

This is to inform you
That I Sabrina Kemp
owner / president of All in 1 Hands Inc,
a non-profit corp hereby
Releasing the name of this
Corporation (All in 1 Hands Inc.)
and will not be Re-stating this
business.

Sabrina Kemp, All in 1 Hands Inc.,



[Signature] 1/19/23

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: ALL IN 1 HANDS INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

3600 S. STATE RD 7
MIRAMAR, FL. 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Purpose of the
Corporation is to engage in any
lawful activity for which corporations
may be incorporated in the State of Florida
Also to provide quality service of quality.

ARTICLE IV SHARES

The number of shares of stock is: ONE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sabrina Kemp / President Name and Title: _____

Address: 2420 Bermuda drive Address: _____
MIRAMAR, FL. 33023

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2013 JUN 27 PM 9:44

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Sabrina Kemp
Address: 2420 Bermuda Drive
Miramar, FL 33023

ARTICLE VII INCORPORATOR

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

Name: Sabrina Kemp
Address: 2420 Bermuda Drive
Miramar, FL 33023

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

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

Sabrina Kemp
Required Signature/Registered Agent

11/23/2023
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.

Sabrina Kemp
Required Signature/Incorporator

11/23/2023
Date

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