

P9500011916

TRANSMITTAL LETTER

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

RECEIVED  
01/31/95 - 01/105 - 002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Crafts from the Handicapped, Inc. of Seminole County, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: Sharon A. Anderson  
Name (printed or typed)  
P.O. Box 5519  
Address  
Winter Park, Florida 32793  
City, State & Zip  
407-696-4020  
Daytime Telephone number

FILED  
95 FEB 13 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~1/31/95~~  
~~1/31/95~~  
~~1/31/95~~  
~~1/31/95~~  
~~1/31/95~~  
~~1/31/95~~  
~~1/31/95~~  
~~1/31/95~~  
~~1/31/95~~  
~~1/31/95~~

T. BROWN FEB 13 1995

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

Sharon A. Anderson  
Crafts from the Handicapped of  
Seminole County, Inc.  
P.O. Box 5519  
Winter Park, Florida 32793

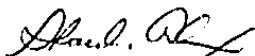
Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

February 9, 1985

Dear Teresa Brown,

Enclosed please find the necessary paperwork to incorporate Crafts from the  
Handicapped of Seminole County, Inc., per your request.  
Thank you so much for your cooperation in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "Sharon A. Anderson", with a stylized flourish at the end.

Sharon A. Anderson, President



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

February 3, 1995

SHARON A. ANDERSON  
P.O. BOX 5519  
WINTER PARK, FL 32793

SUBJECT: CRAFTS FROM THE HANDICAPPED, INC.  
Ref. Number: W95000002493

We have received your document for CRAFTS FROM THE HANDICAPPED, INC. and your check(s) totalling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In reviewing our records, we note there is a(n) CRAFTS FROM THE HANDICAPPED AND BLIND, INC., Document number P93000012932, which was involuntarily or administratively dissolved.

Because of the similarities between the dissolved corporation and the one you are now seeking to file with us, and because it is our duty to assure that all fees due this office in accordance with section 607.0130(2)(c), Florida Statutes, are collected, we are returning the articles of incorporation unfilled and must request you reinstate the dissolved corporation by completing the enclosed reinstatement application and submitting it with the appropriate fees.

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year for the years 1994 through the current year, \$138.75 supplemental fee for the years 1992 forward. The total fee to file the reinstatement is \$575.00, therefore, there is a balance of \$505.00 due. Add an additional \$8.75 for each certificate of status requested.

Please return 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 (904) 487-6932.

Teresa Brown  
Corporate Specialist

Letter Number: 995A00004650

## ARTICLES OF INCORPORATION

FILED  
95 FEB 13 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

Crafts from the Handicapped of Seminole County, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P.O. Box 5519  
Winter Park, Florida 32793

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Hundred (100)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sharon A. Anderson  
671 Wren Drive  
Casselberry, Florida 32707

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the Incorporator(s) to these Articles of Incorporation is(are):

Sharon A. Anderson  
671 Wren Drive  
Casselberry, Florida 32707

The undersigned Incorporator(s) has(have) executed these Articles of Incorporation this

\_\_\_\_\_ 1st \_\_\_\_\_ day of February \_\_\_\_\_, 19 95 .



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation : Crafts from the Handicapped of Seminole  
County, Inc.

2. The name and address of the registered agent and office is:

Sharon A. Anderson  
(Name)  
871 Wren Drive  
(P.O. Box not acceptable)  
Casselberry, Florida 32707  
(City/State/Zip)

FILED  
95 FEB 13 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Signature)

February 1, 1995  
(Date)