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TRANSMITTAL LETTER

FILED

95 MAR 28 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

600001441786
-03/28/95--01064--019
*****70.00 *****70.00

SUBJECT: HandsFree Corporation
(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

Additional Copy Required

FROM:

Leticia Gallaway

Name (printed or type !)

2012 Ted Hines Dr.

Address

Tallahassee, FL 32308

City, State & Zip

904-877-7754

Daytime Telephone number

NANCY HENDRICKS MAR 28 1995

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

ARTICLES OF INCORPORATION

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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:

HandsFree Corporation

ARTICLE II PRINCIPAL OFFICE

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

2012 Ted Hines Dr. , Tallahassee, Fl. 32308

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Letitia Galloway
2012 Ted Hines Dr.
Tallahassee, Fl. 32308

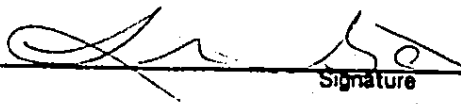
ARTICLE V INCORPORATOR(S)

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

Letitia Galloway
2012 Ted Hines Dr.
Tallahassee, Fl. 32308

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

28th day of March, 1995.



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 is: HandsFree Corporation

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

Letitia Galloway
(Name)

2012 Ted Hines Dr.
(P.O. Box or Mail Drop Box **NOT** acceptable)

Tallahassee, Fl. 32308
(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

3.28.95
(Date)