

P96000008529  
TRANSMITTAL LETTER

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

SUBJECT: TRANSFORMING HANDS INC.  
(Proposed corporate name - must include suffix)

200001687202  
-01/25/96--01001--004  
\*\*\*\*131.25 \*\*\*\*131.25

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:

Robert Suffoletto  
Name (printed or typed)

11510 SW 185 TERR  
Address

Miami, FL 33157  
City, State & Zip

(305) 232-0347  
Daytime Telephone number

6/29

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

## ARTICLES OF INCORPORATION

*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:

Transforming Hands, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

2726 Ponce DeLeon Blvd.  
Coral Gables, Fl. 33134

### ARTICLE III SHARES

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

100 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dr. Denise C. Kufeldt  
2726 Ponce DeLeon Blvd.  
Coral Gables, Fl. 33134

55 JUN 28 1991  
FILE  
CORPORATE  
CLERK  
STATE OF FLORIDA

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**


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

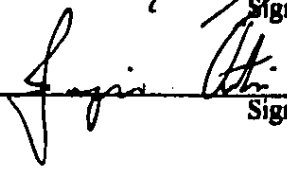
Robert Suffoletto  
11510 S. W. 185 Terr  
Miami Fl. 33157

Joaquin Autio  
4300 S. W. 134 Ave.  
Miami Fl. 33175

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

22 day of January, 19 96.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: Transforming Hands, Inc.

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

Dr. Denise C. Kufeldt

(NAME)

2726 Ponce DELeon Blvd

(P.O. Box or Mail Drop Box) [ACCEPTABLE]

Coral Gables, FL 33134

(CITY/STATE/ZIP)

*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.*

*Dr. Denise C. Kufeldt*  
(SIGNATURE)

*January 22, 1996*  
(DATE)