

P97000034805

TRANSMITTAL LETTER

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

600002141846--6
-04/14/97--01043--010
*****78.75 *****78.75

SUBJECT: IF Hands - ON INC
(Proposed corporate name - must include suffix)

FILED
97 APR 17 PM 8:36
TALLAHASSEE FLORIDA

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: CARLOS R GAZA
Name (Printed or typed)

2614 Lakeland Hills Blvd Suite 8
Address

LAKELAND, FL 33805
City, State & Zip

941-683-2999
Daytime Telephone number

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

APR 18 1997
KZ



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 7, 1997

CARLOS GARZA
P.O. BOX 160308
ALTAMONTE SPRINGS, FL 32716-0308

SUBJECT: II HANDS ON INC
Ref. Number: W97000007982

We have received your document for II HANDS ON INC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$.

The corporate fees are as follows:

CORPORATIONS FILING FEES

Profit and NonProfit
Florida & Foreign Corp.

Filing Fees	\$35.
Registered Agent Designation	\$35.
• Certified Copy	\$52.50
Total Fee Due	\$122.50

The document must state the number of shares of authorized stock.

The designation of the registered agent must be at a Florida street address.

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) 487-6933.

Dana Calloway
Document Specialist

Letter Number: 897A00017294

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:

II HANDS-ON INC

ARTICLE II PRINCIPAL OFFICE

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

*P.O. Box 160308
Altamonte, Springs, FL
32716-0308*

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:

*CARLOS R GARZA
2614 Lakeland Hills Blvd
Suite 8
Lakeland, FL 33805*

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):

CARLOS R GARZA
2614 LAKELAND HILLS BLVD Suite 8
LAKELAND, FL 33805

LETICIA O. STONE
506 LITTLE WEKIVA RD
ALTA. SPR. FL 32714

WALTON H STONE
506 LITTLE WEKIVA RD - ALTA. SPR. FL 32714

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

7 day of April, 19 97.

(An additional article must be added if an effective date is requested.)


Signature


Signature


Signature

Notarization is not required

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

IF Hands-on INC

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

CARLOS R GARZA
(NAME)

2614 LAKE LAND HILLS Blvd Suite 8
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

LAKE LAND FL 33805
(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.


(SIGNATURE)

4/9/97
(DATE)