

9/03/97
9:35 AM

FLORIDA DIVISION OF CORPORATIONS

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TO: DIVISION OF CORPORATIONS
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FAX #:

FROM: AL CLARK
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CONTACT: AL CLARK
PHONE: (813)393-1766
(813)528-7222

FAX #:

NAME: HANDS OFF FULFILLMENT CENTER INC.

AUDIT NUMBER.....H97000014508

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 3

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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:

HANDS OFF FULFILLMENT CENTER INC.

ARTICLE II PRINCIPAL OFFICE

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

7328 CHAIRMAN COURT
PORT RICHEY FL. 34668

ARTICLE III SHARES

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

1000 SHARES
NO PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

prepared by:

Name: CYNTHIA ROCK

Address: 7328 CHAIRMAN CT.

Ph#: PORT RICHEY FL.
34668

Phone 813-862-5921

Accounting & Tax Help, INC.
8668 PARK BLVD Suite A
SEMINOLE, Florida 33777

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HANDS-OFF DATA INC.

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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):

CYNTHIA ROCK
7328 CHAIRMAN COURT
PORT RICHEY FL. 34668

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

3 day of SEPTEMBER, 19 97.

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

x Cynthia A. Rock
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.

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**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: HANDS OFF FULFILLMENT.

CENTER INC.

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

Accounting & Tax Help, INC.
(Name)

8668 PARK BLVD., Suite A
(P.O. Box not acceptable)

SEMINOLE, Florida 33777
(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.

Carl
(Signature)

President

9-3-97

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

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