P9800005509/

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 000002564380--0 -06/18/98--01065--015 Hands at -Work, Inc.
(Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$131.25 \$70.00 \$78.75 \$122.50 Filing Fee, Certified Copy Filing Fee Filing Fee Filing Fee & Certified Copy FROM:

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

916-18-98

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

The name of the corporation shall be:

f the corporation shall be:

Hands at Work, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2936 500 22rd Circle, Swite D

Delray Beach, FC 33445

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at 5000 any one time is:

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Andrew A. Byer 2601 3. Bayéhore Dr. #1136 Miani, FC 33/33

ARTICLE V INCORPORATOR(S)

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

Andrew A. Byer 2601 S. Bayshore Dr. #1136 Miami, FC 33133

i

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

day of June 1998.

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	e of the cor	poration is:_	Han	ds at	Work,	In	<u>C.</u>	
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		•		-		· · ·		
2. The name and address of the registered agent and office is:							NUL 86	
	Andr	en) A.	Byer			SSH	8	
		en A.	(Name)			-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	2	Ö
	2601	5,	Bayshore	e Dri	#1/36		=	
		(P.O	. Box <u>not</u> ac	ceptable)		_>;::	-	
	Mian	i. 8	TC :	33/3	S			
		,	(City/State/Z	ip)				
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Having beer above stated the appoint to comply we mance of my	n named as d corporation nent as reg ith the provi of duties, and	registered a on at the plac istered agen isions of all s d I am familia	gent and to ce designate t and agree statutes rela r with and a	accept ser d in this ce to act in th ting to the accept the	vice of proc ertificate, I h is capacity, proper and c obligations o	ess for ereby a I furthe comple of my p	the accep er agi te pe ositio	ot ree erfor- on
as registered	a agent.		7	5 -				
1		1 (S			6/16/98	_	<u>.,</u>	
	(Signatur	re) /			(Date)			
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