MAY 04 '99 09:41AM Division of Corporations

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Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : KILLGORE, PEARLMAN, STAMP, ORNSTEIN & SQUIRES

Account Number : I19980000007
Phone : (407)425-1020
Fax Number : (407)839-3635

FLORIDA PROFIT CORPORATION OR P.A.

The Hands-On Group, Inc.

Certificate of Status	0
Certified Copy	11
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99 MAY -4 AHII: 30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. McKnight MAY 0 4 1999

Fax Audit Number <u>H99000010485 3</u>

ARTICLES OF INCORPORATION OF THE HANDS-ON GROUP, INC.

ARTICLE I - NAME

The name of this corporation is The Hands-On Group, Inc. and its principal place of business and mailing address is P.O. Box 26, 1443 Dingens Avenue, Gotha, Florida 34734.

ARTICLE II - DURATION

This corporation shall have perpetual existence, commencing on the filing of these Articles.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 100,000 shares of voting common stock having a par value of \$.10 per share.

ARTICLE V - INITIAL REGISTERED

OFFICE AND AGENT

The street address of the initial registered office of this corporation is P.O. Box 26, 1443

-1-

Prepared By: Craig S. Pearlman Killgore, Pearlman, Stamp, Ornstein & Squires P.O. Box 1913, Orlando, Florida 32802-1913 (407) 425-1020 Florida Bar No 245501 Fax Audit Number <u>H99000010485</u> 3

Dingens Avenue, Gotha, Florida 34734 and the name of the initial registered agent of this corporation at that address is JOHN B. HARRISON.

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time in accordance with the By-Laws, but shall never be less than one (1). The name and address of the initial director of this corporation is:

JOHN B. HARRISON P.O. Box 26, 1443 Dingens Avenue Gotha, FL 34734

ARTICLE VII - INCORPORATOR

The name and address of the incorporator is:

JOHN B. HARRISON P.O. Box 26, 1443 Dingens Avenue Gotha, FL 34734

ARTICLE VIII - INDEMNIFICATION

This corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

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Prepared By:
Craig S. Pearlman
Killgore, Pearlman, Stamp, Ornstein & Squires
P.O. Box 1913, Orlando, Florida 32802-1913
(407) 425-1020
Florida Bar No 245501

Fax Audit Number ______

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 30 they of April, 1999.

JOHN B. HARRISON, Incorporator

STATE OF FLORIDA COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 30 day of April 1999, by JOHN B. HARRISON, who is personally known to me or who has produced as identification and who did take an oath.

NOTARY PUBLIC

Sign:_ Print:

RAIS STUDET PE

State of Florida at Large My Commission Expires:

Commission No.____

Creig Stuert Pearlman
My Commission CC636158
Expires May 21, 2001

-3-

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ACCEPTANCE BY REGISTERED AGENT

John B. HARRISON

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SECRETARY UF STATE

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