# 1667 321

### TRANSMITTAL LETTER

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

SUBJECT:	EUROPEAN	HANDS	INC.	
	(Proposed corporate name—must include suffix)			

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

□ \$78.75 □ \$70.00 Filing Fee Filing Fee

& Certificate of Status

□ \$87.50 \$78.75 Filing Fee, Filing Fee Certified Copy & Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM:	Loredana Reynolds	≂		
	Name (printed or typed)	SECH ALLI/	S 66	2
	2142 E. Silver Springs Blvd, #10 Address	SECRETANY OF TALLAHASSEE F	SEP 15 PM	Cash Cash
	Ocala, FL 34470 City, State & Zip	STATE	112: 04	
	(352) 812-7930  Daytime Telephone Number			

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

#### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I NAME:

The name of the corporation shall be:

#### EUROPEAN HANDS INC.

#### ARTICLE II PRINCIPLE OFFICE:

The principle place of business and mailing address of this corporation shall be

2142 East Silver Springs Blvd., Suite 10 Ocala, FL 34470 (352) 812-7930

#### ARTICLE III SHARES:

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

One Share of Common Stock

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address of the initial registered agent is:

Loredana Reynolds 2142 East Silver Springs Blvd., Suite 10 Ocala, FL 34470

#### ARTICLE V INCORPORATOR:

The name and address of the Incorporator to these Articles of Incorporation is:

Loredana Reynolds 3139 N.E. Fort King Street Ocala, FL 34470

Signature/Incorporator

Daye Day

Articles of Incorporation European Hands Inc. Page Two

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/Registered Agent

Pate

99 SEP 15 PH 12: 05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

## 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:

#### EUROPEAN HANDS INC.

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

Loredana Reynolds 2142 East Silver Springs Blvd., Suite 10 Ocala, FL 34470 (352) 812-7930 99 SEP 15 PM I2: 05
SECRETARY 01 STATE
ALL ALLASSES EL CONTO

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.

(Signatur

Date)