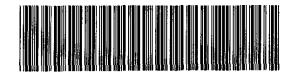
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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer: PAM MUELLU CAVE AUTHORIZATION BY PHONE TO COBRECT AND INC TO CONSOLATE DATE 9/30/// DOG. EXAM M.K.					

Office Use Only



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MR) 9/30

COVER LETTER

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

SUBJECT: Healing Hands International, Inc.					
	(PROPOSED CORPORAT	E NAME – <u>MUST INCLU</u>	IDE SUFFIX)		
Enclosed is an original a	and one (1) copy of the Artic	les of Incorporation and	a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate OPY REQUIRED		
FROM:	Pam Mueller Name (Prin	nted or typed)	_		
737 Silver Lake Road Address					
Monticello, FL 32344 City, State & Zip					
	850-997-3551				

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

E-mail address: (to be used for future annual report notification)

Daytime Telephone number

muellermont@aol.com



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2011

PAM MUELLER 737 SILVER LAKE ROAD MONTICELLO, FL 32344

SUBJECT: HEALING HANDS INTERNATIONAL

Ref. Number: W11000049580

We have received your document for HEALING HANDS INTERNATIONAL and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Bylaws are not filed with this office. Please retain them for your records.

Please return the corrected original and one copy of 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 (850) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 311A00022139

ARTICLES OF INCORPORATION OF

FILED 11 SEP 30 PM 3: 20

HEALING HANDS INTERNATIONAL, INC.

TALLAHASSEE, FLORIDA

(In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE 1 NAME

The name of the corporation shall be HEALING HANDS INTERNATIONAL, INC.

ARTICLE 2 PRINCIPAL OFFICE

The principal place of business of this corporation shall be: Kilometer 11 1/2, Carretera Vieja a Leon, Managua, Nicaragua. The mailing address of this corporation shall be: P.O. Box 950, Monticello, Florida 32345

ARTICLE 3 **PURPOSE**

The corporation shall be operated exclusively as a non-stock, non-profit, charitable organization for the following purposes:

- (a) To develop and administer programs designed to assist Central American women and children with various medical needs, primarily related to pregnancy, health, and nutrition.
- (b) To develop and administer programs, clinics, and health education curriculum, designed to assist rural Central American communities to address routine health issues.
- To have and to exercise to the extent necessary or desirable for the accomplishment of any of the aforesaid purposes, and to the extent that they are not inconsistent with the charitable purposes of the Corporation, any and all powers provided by Chapter 617, F.S., the Florida Not For Profit Corporation Act.

ARTICLE 4 **MANNER OF ELECTION**

The qualifications for membership and the manner of appointing directors shall be regulated by the bylaws of the corporation.

ARTICLE 5 DIRECTORS AND OFFICERS

The initial directors and officers of the corporation, as well as their respective addresses are as follows:

NAME	OFFICE	ADDRESS	Elgin, SC 29045
Richard Hucks	President/Director	320 Jay Drive	
Susanna Sheats	Vice Pres/Director	1045 Sheats Road Monticello, FL 3234	

NAME Philip Sheats	OFFICE Secretary/Director	ADDRESS 1045 Sheats Road, Monticello, FL 32344
Elisabeth Sheats	Treasurer	P.O. Box 950, Monticello, FL 32345
Dr. Benjamin Jones	Director	305 Oakbrook Drive, Columbia, SC 29203
Steve Schrock	Director	13524 CR14, Middlebury, IN 46540
Michael Tillotson	Director	905 Sheats Road, Monticello, FL 32344
Thomas Klein	Director	409 El Destinado Dr. Tallahassee,FL 32312

ARTICLE 6 REGISTERED AGENT AND STREET ADDRESS

The name and street address of the initial registered agent for the corporation are as follows:

NAME | Thomas A. Klein

ADDRESS

409 El Destinado Dr.

Tallahassee, FL 32312

ARTICLE 7 INCORPORATOR AND STREET ADDRESS

The name and street address of the incorporator for the corporation are as follows:

NAME

ADDRESS

Pam W. Mueller

737 Silver Lake Road

Monticello,FL 32344

ACCEPTANCE AS REGISTERED AGENT

I, THOMAS A. KLEIN, having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, am familiar with and hereby accept the appointment as registered agent and agree to act in this capacity.

HOMAS A. KLEIN / REGISTERED AGENT

Mugust 16,2011

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PAM MUELLER/INCORPORATOR

DATE