Florida Department of State

Division of Corporations Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000064964 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0381

Account Name

: FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

Phone Fax Number

: (305)599-0839 : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

THERAPEUTIC HEALING HANDS, CORP.

The state of the s	
Caluncate of Status	0
Certified Copy	1
Page Count	TO THE STATE OF TH
Estimated Charge	בני
The second secon	\$78.75

Corporate Filings

B. McKnight MAY 1-1 2001

ARTICLES OF INCORPORATION OF THERAPEUTIC HEALING HANDS, CORP.

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 1 NAME

The name of the corporation shall be:

THERAPEUTIC HEALING HANDS, CORP.

O1 NAY 11 PH 12: 29
SECRETARY OF STATE
TALLAHASSEF. FLORID.

ARTICLE II PRINCIPAL PLACE OF BUSINESS

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

14430 S.W 51 STREET MIAMI, FL 33175

ARTICLE III NATURE OF BUSINESS

The general nature of the business to be transacted by the corporation and its object and powers shall be engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 THOUSAND SHARES OF COMMON STOCK OF THE PAR VALUE OF ONE DOLLAR PER SHARE.

The consideration to be paid for each share shall be fixed by the Board of Directors.

ARTICLE V TERM OF EXISTENCE

This Corporation shall have perpetual existence from the date of the incorporates execution and adoption of these Articles of Incorporation.

ARTICLE VI INITIAL REGISTERED AGENT AND OFFICE STREET ADDRESS

The name and address of the initial registered agent is:

MARIA L BOLANOS 14430 S.W 51 STREET MIAMI, FL 33175

ARTICLEVII DIRECTOR(S)

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

PRESIDENT
MARIA L BOLANOS
14430 S.W SI STREET
MIAMI, FL 33175

ARTICLE VIII INCORPORATOR(S)

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

MARIA L BOLANOS/P 14430 S.W 51 STREET MIAMI, FL 33176

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 09th day of MAY, 2001.

Signature

ARTICLE IX AMENDMENTS

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by the Stockholders, and approved at the Stockholder's meeting by a majority of the stock entitle to vote thereon, unless all the Directors and all the Stockholder's sign a written statement manifesting their intention that a certain amendment of these Article of Incorporation be made.

CERTIFICATE DESIGNATING REGISTERED AGENT AND REGISTERED PLACE OF BUSINESS OR DOMICILE FOR THE PROCESS WITHIN THE STATE OF FLORIDA, AND ACCEPTANCE OF AGEN L'PON WHOM PROCESS MAY BE SERVED

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the Undersigned Corporation, organized under 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:

THERAPEUTIC HEALING HANDS, CORP.

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

MARIA L BOLANOS 14430 S.W 51 STREET MIAMI, FL 33175 O1 MAY I I PM 12: 29
SECRETARY OF STATE
TALLAHASSI'E, FLORIDA

ACCEPTANCE OF REGISTERED AGENT

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 PURSUANT TO F.S. 607.050(3).

SIGNATURE

DATE___05-09-0