

# LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

200004193142--7

-05/10/01--01038--020

\*\*\*\*\*78.75 \*\*\*\*\*78.75

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. THERAPEUTIC HANDS PLUS, INC.  
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 10, 2001

LAZARUS

MIAMI, FL

SUBJECT: THERAPEUTIC HANDS PLUS, INC.  
Ref. Number: W01000010632

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 MAY 11 AM 10:51  
TO AGENCY OF RECORDING  
SUFFICIENCY OF FILING

We have received your document for THERAPEUTIC HANDS PLUS, INC. However, the document has not been filed and is being returned for the following:

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

PLEASE LIST THE R.A. NAME AND ADDRESS ON THE R.A. CERTIFICATE.

Please return the 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) 487-6934.

Loria Poole  
Corporate Specialist  
New Filings Section

Letter Number: 401A00028296

ARTICLES OF INCORPORATION  
OF

THERAPEUTIC HANDS PLUS, INC.

The undersigned incorporate for the purpose of becoming a corporation under the laws of the State of Florida, providing for the formation, rights, privileges, immunities and liabilities of incorporations, for profit, and subject to the following provisions:

ARTICLE - I

The name of the corporation shall be: THERAPEUTIC HANDS PLUS, INC.

ARTICLE - II

This corporation shall have perpetual existence.

ARTICLE - III

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

ARTICLE - IV

The aggregate maximum number of shares which this corporation shall have authority to issue and have outstanding at any one time is Five Hundred shares of common stock at \$ 2.00 ( Two Dollar ) per share.

ARTICLE - V

The post office address of the initial registered office of this corporation in the State of Florida is: OSVALDO N. PEREZ

The name of the initial registered agent at such address is: 2168 NW 193 AVE. , Pembroke Pines, Florida 33029

ARTICLE - VI

The business of the corporation shall be managed by a Board of Directors, who need not be stockholders of the corporation. The number of Directors, not less than one, no more than seven, and shall be fixed by resolution of the stockholders at a regular or special meeting, subject to the manner of holding such meetings prescribed by the by-laws.

ARTICLE - VII

The Board of Directors may from time to time move the registered office to any other address in Florida whenever the Directors may deem necessary or expedient.

**FILED**  
MAY 11 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE - VIII

The name and post office address of the members of the Board of Directors who shall serve as members thereof are as follows:

BOARD OF DIRECTORS

ADDRESS

Oswaldo N. Perez (President-Secretary) 2168 NW 193 Av. Pembroke Pines, Fl. 33029

The name and the post office address of the subscribers to these Articles of Incorporation and the number of shares of stock each agree to take is:

NAME

ADDRESS

NO. OF SHARES

Oswaldo N. Perez 2168 NW 193 Av. Pembroke Pines Fl. 33029 500

ARTICLE - IX

This corporation shall have full power to carry on and transact each or all business enumerated in Article III of the Articles of Incorporation, shall have all the general and additional power now conferred upon it by the law.

ARTICLE - X

Amendments to the Articles of Incorporation, Merger, Consolidation or Dissolution shall be approved and submitted to the Stockholders for unanimous approval. Thirty days notice shall be provided.

ARTICLE - XI

Shareholders of the corporation shall have preemptive rights to acquire their prorata share of stock of the corporation for all issues of any class of stock of the corporation, no matter when authorized, and for whatever consideration is contemplated to be received by the corporation, including but not limited to cash, other property, services, the acquisition of their corporations shares of property through merger of the extinguishment of debts.


Preemptive rights (NOT) apply to the reissuance of all redeemed or otherwise acquired shares, including the reissuance of treasury shares.

These articles pertaining to preemptive rights may not be amended or deleted without the unanimous vote of the shareholders of each affected class.

No issue of stock of the corporation shall take place unless the price at which the stock is to be issued shall be unanimously approved by the shareholders of the corporation.

These preemptive rights shall apply to any corporate obligation which is convertible to or exchangeable for any stock of the corporation, or where there is attached to said obligation any stock warrants or rights which allow the holder to acquire by subscription or purchase any stock of the corporation.

IN WITNESS WHEREOF, We have hereunto set our hands and signature, this  
27 day of April, 19 2001.

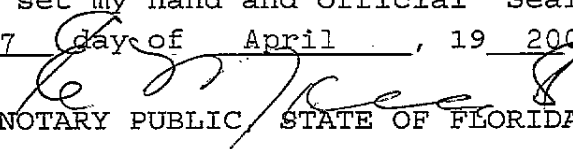
X   
\_\_\_\_\_  
\_\_\_\_\_

STATE OF FLORIDA (   
COUNTY OF DADE (SS

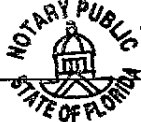
BEFORE ME, the undersigned authority, duly authorized to administer oath and take acknowledgements, personally appeared:  
Osvaldo N. Perez

Who after first being duly sworn, executed the foregoing ARTICLES OF INCORPORATION, freely and voluntarily for the purpose therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official Seal  
a Miami, Dade County Florida, this 27 day of April, 19 2001

  
NOTARY PUBLIC, STATE OF FLORIDA

My commission Expires ELIO MORLANNE



COMMISSION # CC75676  
EXPIRES JUL 06, 2002  
BONDED THROUGH  
ADVANTAGE NOTARY

CERTIFICATE DESIGNATING CHANGE OF BUSINESS OR DOMICILE FOR  
THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT  
UPON WHOM PROCESS MAY BE SERVED.

In pursuance of chapter 48.091, Florida statutes, the  
is submitted, in compliance with said Act:

First-That THERAPEUTIC HANDS PLUS, INC.  
qualified to do business under the laws of the State of  
Florida with its principal office at 2168 N.W. 193 Avenue  
of Pembroke Pines State of Florida  
has appointed Osvaldo N. Perez  
2168 NW 193 AVENUE, PEMBROKE PINES, FLORIDA 33029

(Street address and number of building, Post Office  
Box of acceptable).

City of Pembroke Pines County of Broward  
State of, as its agent to accept service of process within  
this State.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for  
the above stated corporation, at place designated in  
this Certificate, I hereby accept to act in this  
capacity, and agree to comply with the provision of said  
Act relative to keeping open said office.

By X [Signature]  
(Registered Agent)

FILED  
01 MAY 11 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA