

P01000048358

TRANSMITTAL LETTER

FILED

01 MAY -9 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Healing Hands Massage Therapy, Inc
(Proposed corporate name - must include suffix)

800004192218--0
-05/09/01--01141--017
*****78.75 *****78.75

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

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Jean Michele Nelson
Name (printed or typed)

5092 Sherman Rd
Address

West Palm Beach, Fl 33415
City, State & Zip

(561) 640-9341
Daytime Telephone number

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

ARTICLES OF INCORPORATION

FILED
01 MAY -9 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 I NAME

The name of the corporation shall be:

Healing Hands Massage Therapy, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Healing Hands Massage Therapy, Inc.
c/o Apicerno Chiropractic
7116 S. Military Trail
Lake Worth, FL 33463

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jean Michele Nelson
5092 Sherman Rd.
West Palm Beach, FL 33415

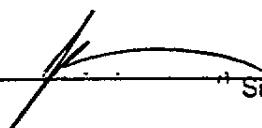
ARTICLE V INCORPORATOR(S)

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

Jean Michele Nelson
5092 Sherman Rd.
West Palm Beach, FL 33415

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3rd day of May, 192001



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35



**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Healing Hands Massage Therapy, Inc.

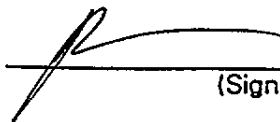
2. The name and address of the registered agent and office is:

Jean Michele Nelson
(Name)

5092 Sherman Rd.
(P.O. Box not acceptable)

West Palm Beach FL 33415
(City/State/Zip)

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)

5-3-
(Date)

FILED
01 MAY - 9 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

