

P03000021773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

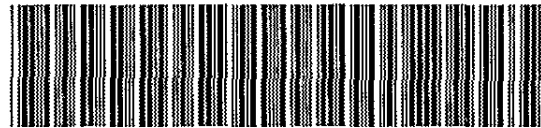
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



200010169792

01/21/03--01077--014 **87.50

Special Instructions to Filing Officer:

W032580

✓ D. WHITE JAN 28 2003

Office Use Only

Julienne (via mail) GAVE

AUTHORIZATION BY PHONE TO

CORRECT Name

DATE 2/24/03

DOC. EXAM Dale

FILED
03 FEB 21 PM 12:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Loving Hands INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Julienne Cote
Name (Printed or typed)

4200 Sheridan St #401
Address

Hollywood, Florida 33025
City, State & Zip

(954) 322-7936
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Ken Detzner
Secretary of State

January 28, 2003

JULIENNE COLE
4200 SHERIDAN ST #401
HOLLYWOOD, FL 33021

SUBJECT: LOVING HANDS, INC.
Ref. Number: W03000002580

We have received your document for LOVING HANDS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

UNABLE TO CONTACT YOU, DIRECTLY, BY TELEPHONE AT THE NUMBER LISTED ON YOUR COVER LETTER. NAME CONFLICT IS WITH N02000002760, A NON PROFIT ORGANIZATION, LOVING HANDS, INC. SEE ATTACHED PRINT OUT.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6933.

Dale White
Document Specialist
New Filings Section

Letter Number: 003A00005324

Loving Hands ~~and~~ Women

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 FEB 21 PM 12:07

RECEIVED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: LOVING HANDS A WOMANS WELLNESS CENTER, INC.

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TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

419 North Federal Highway
Hollywood, FL 33020

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Women's Wellness Center

ARTICLE IV SHARES

The number of shares of stock is:

500 to be split 50/50

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Adriana Algieri
1902 Madison Street
Hollywood, FL 33020
Licensed Mid-wife

Julienne Cole
4200 Sheridan Street #401
Hollywood, FL 33021
Administrator

ARTICLE VI REGISTERED AGENT

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

Adriana Algieri
1902 Madison Street
Hollywood, FL 33020

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Julienne Cole
4200 Sheridan Street #402
Hollywood, FL 33021

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


Signature/Registered Agent

1/2/03
Date


Signature/Incorporator

1/2/03
Date