P04000077496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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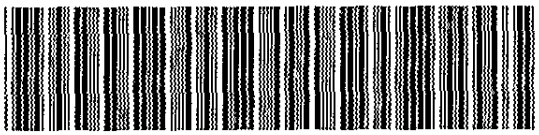

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EXPRESS CORPORATE FILING SERVICE INC.
Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101
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CORAL GABLES, FL 33134 (305) 444-4994
City/State/Zip Phone #

OFFICE USE ONLY

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

1. Professional Hands Institute, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☒ Pick up time _____ ☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	

CR2E031(9/92)

ARTICLES OF INCORPORATION

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

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2004 MAY 12 P 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

PROFESSIONAL HANDS INSTITUTE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8321 NW 7TH STREET APT NO 301
MIAMI, FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH CARE EDUCATIONS

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES TO $1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CARIDAD TRIANA, AS PRESIDENT WITH ADDRESS AT: 8321 NW 7TH STREET APT NO 301., MIAMI, FL 33126 AND NOEL RUIZ, AS VICE-PRESIDENT WITH ADDRESS AT: 6770 SW 48 STREET., MIAMI, FL 33155

ARTICLE VI REGISTERED AGENT

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

CARIDAD TRIANA
8321 NW 7TH STREET APT NO 301., MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

NOEL RUIZ
6770 SW 48 STREET
MIAMI, FL 33155

****

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

X _____ 05-10-04.
Signature/Registered Agent — Date

X _____ 5/10/04.
Signature/Incorporator — Date