

05000121953

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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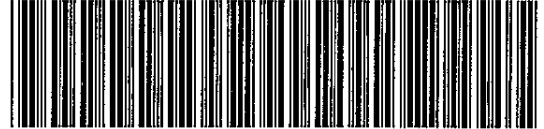
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/02/05--01013--003 **70.00

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05 SEP -2 PM 9:03

SECRETARY
TALLAHASSEE, FL 32399

9/6/05

TRANSMITTAL LETTER

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

SUBJECT: _____

Safe 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: _____

Dr. Jay Reubens

Name (Printed or typed)

21229 Via Eden

Address

Boca Raton, FL 33433

City, State & Zip

561-504-3440

Daytime Telephone number

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

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:

Safe Hands, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

21229 Via Eden
Boca Raton, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

sales and marketing of hand care products

ARTICLE IV SHARES

The number of shares of stock is:

2,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Edward Dorras, Chairman, 27 Lake Hamilton Road, Haines Cir 33
Dr. Jay Reubens, President, 21229 Via Eden, Boca Raton, FL 33433
Dr. Mike Thomas, Vice President, 1720 Norrit Filbert, Chouls, CA 936

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Dr. Jay Reubens
21229 Via Eden
Boca Raton, FL 33433

ARTICLE VII INCORPORATOR

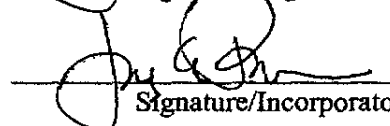
The name and address of the Incorporator is:

Dr. Jay Reubens
21229 Via Eden
Boca Raton, FL 33433

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

8/30/05
Date


Signature/Incorporator

8/30/05
Date

FILED
05 SEP -2 PM 9:03
TALLAHASSEE, FLORIDA

AFFIDAVIT OF DR. JAY REUBENS

On Behalf of SafeHands, LLC

STATE OF FLORIDA:

COUNTY OF WEST PALM BEACH

BEFORE ME, the undersigned authority, personally appeared DR. JAY REUBENS, who
upon being duly sworn, deposes and states as follows:

1. I am over the age of 21 years, and am competent to make this Affidavit. I have first-hand knowledge of the matters set forth in this Affidavit by virtue of my involvement in the events and circumstances set forth in this Affidavit.

2. I reside at 21229 VIA EDEN, BOCA RATON, FLORIDA 33433.

3. On or about 8/30/2005, SafeHands, LLC received a notification from the Florida Department of State indicating that the annual report/uniform business report had not been filed by Mr. Robert Rivkin, Chairman of SafeHands, LLC, who was removed as Chairman, Director, officer or agent on August 16, 2005, and the company. The notification indicated that due Mr. Rivkin's error, the company would be subject to an "ADMINISTRATIVE DISSOLUTION /REVOCATION" within 30 days of the August 11, 2005 notification date.

4. Therefore, SafeHands, LLC has elected to permanently dissolve the company and will not now, or any time in the future, re-instate SafeHands as a Florida Limited Liability Company.

FURTHER AFFIANT SAYETH NAUGHT.


DR. JAY REUBENS

Sworn to and subscribe before me
this 1st day of September 2005, by
DR. JAY REUBENS, who:

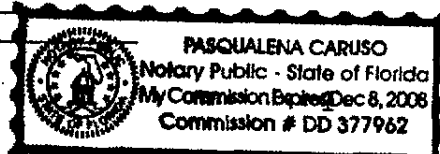
- ☒ is personally known to me OR
☐ who produced the following form of
identification _____


NOTARY PUBLIC

Print Name: PASQUALENA CARUSO

Commission Number: _____

My commission expires: _____
(SEAL)



Initials