# P0600057800

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# **COVER LETTER**

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

SUBJECT: Lana Hands of Healing Beauty Care, 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 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: April I. Halle, Esq. Name (Printed or typed) 3101 North Federal Highway, Suite 401 Àddress Fort Lauderdale, Florida 33306 City, State & Zip 954-537-0466

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

Daytime Telephone number

# 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:

LANA HANDS OF HEALING BEAUTY CARE, INC.

### PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

11445 West Oakland Park Boulevard Sunrise, Florida 33323

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

# ARTICLE IV

The number of shares of stock is:

100

# ARTICLE V INITIAL OFFICERS AND/OR DIREC

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

Lana Hand - President

Walter Hand - Vice President

## REGISTERED AGENT

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

Lana Wand 11445 West Oakland Park Boulevard Oakland Park, Florida 33323

### **INCORPORATOR** ARTICLE VII

The name and address of the Incorporator is:

Lana Wand 11445 West Oakland Park Boulevard Oakland Park, Florida 33323

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

Agent

Signature/Incorporator