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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

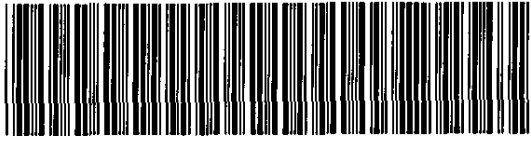
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07 MAR -2 PM 1:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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07 MAR -2 AM 10:49
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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Kathy's Healing Hands, Inc.

Signature _____

Requested by: _____

Name

Date

Time

Walk-In _____

Will Pick Up _____

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
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- Cert. Copy _____
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- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2007

CAPITAL CONNECTION, INC.
ATTN: SP

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE.

SUBJECT: KATHY'S HEALING HANDS INC
Ref. Number: W07000010883

We have received your document for KATHY'S HEALING HANDS INC. However, the document has not been filed and is being returned for the following:

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6934.

Loria Poole
Document Specialist
New Filing Section

Letter Number: 307A00015503

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE.

RECEIVED
07 MAR -5 PM 3:49
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:
Kathy's Healing Hands Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:
1292 Key Deer Blvd.
Big Pine Key, FL 33043

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To engage in lawful business activity for which corporations may be incorporated under the Florida General Incorporation Act.

ARTICLE IV SHARES

The number of shares of stock is:
500 shares at \$1.00 each.

ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Kathy Bansen, PO Box 431477, Big Pine Key, FL 33043. President, Treasurer, & Secretary

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
Kathy Bansen
1292 Key Deer Blvd.
Big Pine Key, FL 33043

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Kathy Bansen
PO Box 431477
Big Pine Key, FL 33043

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

Kathy Bansen
Signature/Registered Agent

2/28/07
Date

Kathy Bansen
Signature/Incorporator

2/28/07
Date

FILED
07 MAR -2 AM 10:49
SECRETARY OF STATE
FALLAHASSEE, FLORIDA