

PO8000016845

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02/04/08--01035--005 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: Healing Hands Corporation
(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: Sandra Piloto Cintra
Name (Printed or typed)

6961 W. 14th CT, apt. 204
Address

Mialeah, FL 33014
City, State & Zip

(786) 281-9250
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2008

SANDRA PILOTO CINTRA
6961 W. 14TH CT, APT. 204
HIALEAH, FL 33014

SUBJECT: HEALING HANDS CORP
Ref. Number: W08000006499

We have received your document for HEALING HANDS CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

Please return the corrected 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 708A00007918

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:

Healing Hands for Health Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6961 W. 14 CT, apt. 204, Hialeah, FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawfull business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sandra Pilo to Cintra - President

6961 W. 14 CT, apt. 204, Hialeah, FL 33014

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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


Sandra Pilo to Cintra
6961 W. 14 CT, apt. 204, Hialeah, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sandra Pilo to Cintra
6961 W. 14 CT, apt 204, Hialeah, FL 33014

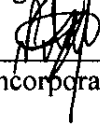
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

01-29-08

Date



Signature/Incorporator

01-29-08

Date

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TALLAHASSEE, FLORIDA