

[illegible]

10/01/08--01018--015 \*\*87.50

**(Address)**

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

(Business Entity Name)

(Document Number)

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21143 8-13080

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W08-45531

# Ben Ingham

## COVER LETTER

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

SUBJECT: GIFTED 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: TAMICA GAYLE  
Name (Printed or typed)

280 NW 179 TERR  
Address

MIAMI, FL 33109  
City, State & Zip

305 651-7562  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2008

TAMIKA GAYLE  
280 NW 179 TERR  
MIAMI, FL 33169

SUBJECT: GIFTED HANDS, INC.  
Ref. Number: W08000045531

We have received your document for GIFTED HANDS, INC. and your check(s) totaling \$87.50. 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) 245-6931.

Becky McKnight  
Regulatory Specialist II  
New Filing Section

Letter Number: 208A00052351

# 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:

T.A.G's Haven of Therapy, INC

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

280 NW 179 TERRACE  
MIAMI, FL 33169

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MASSAGE AND BODY TREATMENTS.

## ARTICLE IV SHARES

The number of shares of stock is:

1

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

TAMIKA GAYLE, President & Chief Executive Officer  
280 NW 179 TERR

## ARTICLE VI REGISTERED AGENT

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

TAMIKA GAYLE  
280 NW 179 TERRACE  
MIAMI, FL 33169

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

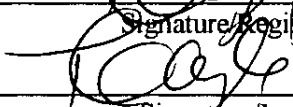
TAMIKA GAYLE  
280 NW 179 TERRACE  
MIAMI FL 33169

\*\*\*\*\*

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



Signature/Incorporator

9/17/08

Date

9/17/08

Date

08 OCT -8 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED