

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

GENTLE HANDS HCS, INC.

Certificate of Status 0
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FAX NO. :3052201440

FROM : LAZARUS

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#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### **ARTICLE I - NAME**

The name of the corporation shall be: Lentle Hands HCS, Inc.

#### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

7259 NW 125t ste2. Miani, FR 33126.



#### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

# <u>ARTICLES IV – INITIAL REGISTERED AGENT AND STREET</u> <u>ADDRESS</u>

The name and address of the initial registered agent is:

IVETTE CRUZ Mena. 1259 NW 1257 Ste Z. Manir, Ph 33/24

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FROM : LAZARUS

## H09000243856

#### ARTICLE V-INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

IVETTE CRUZ MENA. 7259 NW 125T ste 2. Miauri, Fl. 33/24.

\_\_day of

The undersigned incorporator has executed these Articles of Incorporation this

ARTICLE VI- DIRECTOR (S

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

IVETTE CRUZ MENA (P)

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

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