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FLORIDA DEPT. OF STATE
TALLAHASSEE, FLORIDA

1 Bush SEP 14 2010

COVER LETTER

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

SUBJECT: Hands of Honey Rehab Center, 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: Juan Arevalo

Name (Printed or typed)

11890 S.W. 8th St. Suite 408

Address

Miami FL 33184

City, State & Zip

786-970-2694

Daytime Telephone number

juanarevalo60@yahoo.com

E-mail address: (to be used for future annual report notification)

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

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:

Hands of Honey Rehab Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

11890 S.W. 8th St. Suite 308

Miami FL 33184

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Massage and Rehab Center

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):

Juan Arevalo

ARTICLE VI REGISTERED AGENT

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

Juan Arevalo

11890 S.W. 8th St. Suite 408

Miami FL 33184

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Juan Arevalo

11890 S.W. 8th St. Suite 408

Miami FL 33184

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

09/03/10

Date

09/03/10

Date