

P11000054207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Marce Bodie DATE

AUTHORIZATION BY PHONE TO

ISSUED Stock

DATE

DOC. EXAM. PS

Office Use Only



800207646608

800207646608
05/16/11--01027--002 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN - 8 PM 3:15

PS 6/9/11

COVER LETTER

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

SUBJECT: Alexander's Healing 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: Maria Badiu
Name (Printed or typed)

2758 SW Beaumont Ave
Address

Palm city, FL 34990
City, State & Zip

828 964 3020
Daytime Telephone number

HealthyLymphatic@Bellsouth.Com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2011

MARIA BADIU
2758 SW BEAUMONT AVENUE
PALM CITY, FL 34990

SUBJECT: ALEXANDER'S HEALING HANDS, INC.
Ref. Number: W11000027205

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

Please complete Article I, II and VI.

Please return 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) 245-6901.

Pamela Smith
Regulatory Specialist II

Letter Number: 811A00012213

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:

Alexander's Healing Hands, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

479 NW Prinea Vista Blvd.
Port St. Lucie, FL 34983

Mailing address, if different is:

(Same)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Physical and Occupational Therapy

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria Badiu

Name and Title:

Address: 2758 SW Beaumont Ave.

Address:

Palm City, FL 34990

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: Maria Badiu

Address: 2758 SW Beaumont Ave.

Palm City, FL 34990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria Badiu

Address: 2758 SW Beaumont Ave.

Palm City, FL 34990

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

Maria Badiu

Required Signature/Registered Agent

6-3-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Maria Badiu

Required Signature/Incorporator

6-3-11

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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