

P13000070552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

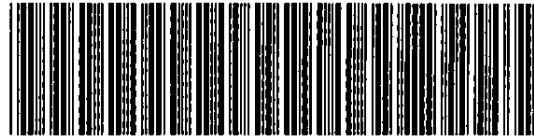
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/27/13--01001--020 **78.75

RECEIVED

13 AUG 26 PM 3:38

DIVISION OF CORPORATION

APPROVED
AND
FILED

13 AUG 26 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/26/13

COVER LETTER

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

SUBJECT: Healing Hands Creations 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Barbara A Brown

Name (Printed or typed)

P.O. Box 151

Address

Gretna, Florida 32332

City, State & Zip

(850) 856-9683

Daytime Telephone number

healinghandscreations@gmail.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 AUG 26 PM 3:51

APPROVED
AND
FILED

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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Healing Hands Creations Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

130 Ellis Circle Lot 13

Gretna, Florida 32332

Mailing address, if different is:

P.O. Box 151

Gretna, Florida 32332

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide homemaker and companion services to individuals

ARTICLE IV SHARES

The number of shares of stock is: 5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara A Brown (President)

Address: P.O. Box 151
Gretna, Florida 32332

Name and Title: Sherita L. Bush Harrell (Treasurer)

Address: P.O. Box 295
Gretna, Florida 32332

Name and Title: Sophia Brown (Board Member)

Address: P.O. Box 356
Gretna, Florida 32332

Name and Title: Hubert Horne Jr (Board Member)

Address: 347 Earnest O'Barkely St.
Gretna, Florida 32332

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

APPROVED
AND
FILED

Name and Title: _____

Name and Title: _____

13 AUG 26 PM 3:51

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Barbara A Brown

Address: 130 Ellis Circle Lot 13

Gretna, Florida 32332

ARTICLE VII INCORPORATOR

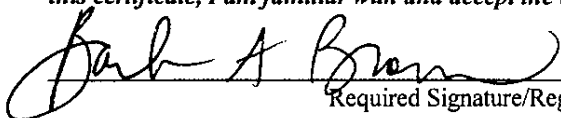
The name and address of the Incorporator is:

Name: Barbara A Brown

Address: P.O. Box 151

Gretna, Florida 32332

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

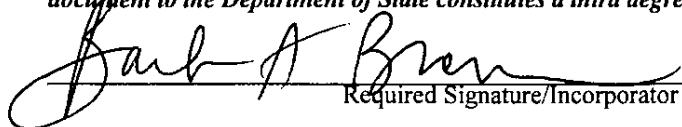


Required Signature/Registered Agent

08/26/2013

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.



Required Signature/Incorporator

08/26/2013

Date