

P13000093999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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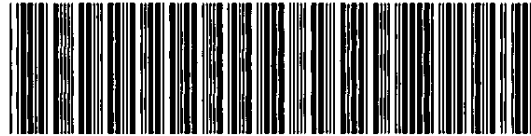
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
2013 NOV 18 PM 4:10

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## COVER LETTER

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

SUBJECT: **HEALING HANDS MED SPA CORP**  
(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: **JUDITH SEVILLA**  
Name (Printed or typed)  
**5881 N.W. 151 STREET # 127**  
Address  
**MIAMI LAKES, FLORIDA 33014**  
City, State & Zip  
**305-967-3271**  
Daytime Telephone number  
**JSTHERAPIST82@GMAIL.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)

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**ARTICLE I NAME**

The name of the corporation shall be:

HEALING HANDS MED SPA CORP

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5881 N.W. 151 STREET

SUITE 127

MIAMI LAKES, FLORIDA 33014

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

A legally business in the healthcare field

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Judith Sevilla, P

Name and Title: \_\_\_\_\_

Address 2926 N.W. 95 TERRACE

Address: \_\_\_\_\_

MIAMI, FLORIDA 33147

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

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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: Judith Sevilla  
Address: 2926 N.W. 95 Terrace  
Miami, Florida 33147

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Judith Sevilla  
Address: 2926 N.W. 95th Terrace  
Miami, Florida 33147

*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

11/12/2013

\_\_\_\_\_  
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

11/12/2013

\_\_\_\_\_  
Date