

01/13/2033 06:00

P15 000020955

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H15000055554 3)))



H150000555543ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MAGIC HANDS THERAPY CENTER INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

15 MAR -4 AM 7:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAR -4 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

VA

H1500005554

3-3-15

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of MAGIC HANDS Therapy Center INC. of Doc #  
\_\_\_\_\_ are the same owners of the attached articles of  
incorporation. We have dissolved the company and have no intention of reopening it. Thank  
you for your help in this matter.

Very Sincerely,

ELIZABETH ZAMORA

H1500005554

415000055554

## ARTICLES OF INCORPORATION

**In compliance with Chapter 607 (Profit)**

**ARTICLE I NAME:** The name of the corporation is:

Magic Hands Therapy Center Inc.

## ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

3971 SW 8<sup>th</sup> St  
suite #210 Coral Gables FL  
33134

**ARTICLE III. SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Elizabeth Zamora - P

SECRETARY OF STATE  
FALL 1952

15 MAR -4 AM 1:42

100

**ARTICLE V. INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ELIZABETH ZAMORA  
3971 SW 8 ST Suite 210  
Coral Gables FL 33134

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

ELIZABETH ZAMORA  
3971 SW 8 ST Suite 210  
Coral Gables FL 33134

41500005554

01/13/2033 06:30

APPROVED  
AND  
FILED

#0258 P.004/004

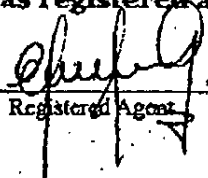
#15000055554

15 MAR -4 AM 7:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

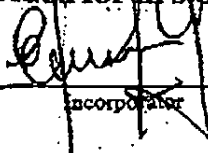
**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent

03/03/15  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator

03/03/15  
\_\_\_\_\_  
Date

H15000055554