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**FLORIDA PROFIT/NON PROFIT CORPORATION  
HEALING HANDS CE CENTER INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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**FILED**  
15 JUL 10 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUL 10 PM 5:04

**ARTICLES OF INCORPORATION**  
**OF**  
**HEALING HANDS CE CENTER INC.**

**THE UNDERSIGNED INCORPORATOR (S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION**

**ARTICLE I NAME**

**THE NAME OF THE CORPORATION SHALL BE:  
HEALING HANDS CE CENTER INC.**

**THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:  
10291 CARGILL CREEK CT. APT. 203, LEHIGH ACRES, FL. 33936.**

**ARTICLE II NATURE OF BUSINESS**

**THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFULL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTY, TERRITORY OR NATION.**

**ARTICLE III CAPITAL STOCK**

**THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS**  
**VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE**  
**OUTSTANDING AT ANY ONE TIME IS.**  
**1000 SHARES AT \$1.00 EACH**

**ARTICLE IV TERM OF EXISTENCE**

**THIS CORPORATION IS TO EXIST PERPETUALLY**

**ARTICLE V OFFICERS DIRECTORS**

**THE NAME(S) AND STREET ADDRESS (ES) OF THE INITIAL OFFICER(S) AND DIRECTOR(S), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR(S) IS (ARE) ELECTED, IS (ARE)**

**\*ANA MARIA TORNES (PRES/SECTREA)  
10291 CARGILL CREEK CT. APT. 203  
LEHIGH ACRES, FL. 33936**

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**TALLAHASSEE, FLORIDA**

**ARTICLES VI INCORPORATOR (S)**  
**THE NAME (S) AND STREET ADDRESS (ES) OF THE**  
**INCORPORATOR (S) TO THIS ARTICLES OF INCORPORATOR (S)**

- ANA MARIA TORNES (PRES/SEC/TREA)  
10291 CARGILL CREEK CT. APT.203  
LEHIGH ACRES, FL. 33936

**IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR (S)**  
**HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION**  
**THIS: JULY 10<sup>TH</sup>, 2015**

**SIGNATURE (S) OF INCORPORATOR (S)**



\_\_\_\_\_  
**NAME: ANA MARIA TORNES**

\_\_\_\_\_

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/ REGISTERED OFFICER**  
PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA  
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED  
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA  
THE NAME OF THE CORPORATION:

**HEALING HANDS CE CENTER INC.**

**THE NAME AND ADDRESS OF THE REGISTERED AGENT AND  
OFFICE IS:**

**ANA MARIA TORNES  
10291 CARGILL CREEK CT.APT.203  
LEHIGH ACRES, FL. 33936**

  
**PRESIDENT  
REGISTERED AGENT  
DATE 07/10/2015**

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR  
THE ABOVE STATED CORPORATION, AT THE PLACE  
DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT  
IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH  
THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER  
AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT  
THE DUTIES AND OBLIGATIONS OF SECTIONS OF SECTION  
607.325, FLORIDA STATUTE**

**SIGNATURE:**   
**NAME: ANA MARIA TORNES**  
**DATE: 07/10/2015**

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