

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
HEALING HANDS THERAPY CENTER INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FEB 10 2016

T. SCOTT

16 FEB -9 PM 1:10

12/21/2033 07:23
FEB/09/2016/TUE 05:22 PM

VAX NO.

#4732 P.002/003

F.002

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

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ARTICLE I NAME: The name of the corporation is:

Healing Hands Therapy Center Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

7805 Coral Way Suite 127

Miami, FL 33155

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Susana Hanes President

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Susana Hanes

7805 Coral Way Suite 127

Miami FL 33155

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

Susana Hanes

7805 Coral Way Suite 127

Miami FL 33155

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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

Susana Llanes 2/9/16
Registered Agent 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.817.135, F.S.

Susana Llanes 2/9/16
Incorporator Date

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