

10/27/2016

Division of Corporations

PI600082036

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 : KIJONNA SERVICES INC
Account Number : I20080000033
Phone : (305) 644-3055
Fax Number : (305) 644-3052

****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 THE HEALING HANDS BEAUTY SALON INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

16 OCT 28 AM 9:38
RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

OCT 31 2016

T. SCOTT

COVER LETTER

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

SUBJECT: THE HEALING HANDS BEAUTY SALON 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: ENNA DIEPPA
Name (Printed or typed)
2141 SW 1st ST STE 110
Address
MIAMI FL 33135
City, State & Zip
7864997132
Daytime Telephone number
KRISJOENNA@YAHOO.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)

ARTICLE I NAMEThe name of the corporation shall be: THE HEALING HANDS BEAUTY SALON INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
1369 NW 31st ST MIAMI FL 33142

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ALL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: NOEMI ALCANTARA PRESIDENTName and Title: N/AAddress 1369 NW 31st ST MIAMI, FL 33142

Address: _____

Name and Title: N/AName and Title: N/A

Address _____

Address: _____

Name and Title: N/AName and Title: N/A

Address _____

Address: _____

10 OCT 28 AM 9:30
FILED
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

Name and Title: N/A Name and Title: N/A
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: NOEMI ALCANTARA
Address: 1369 NW 31st ST MIAMI, FL 33142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NOEMI ALCANTARA
Address: 1369 NW 31st ST MIAMI, FL 33142

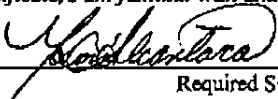
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/28/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/28/2016
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

10/28/2016
Date