

# P21000103313

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.**

((H21000451034 3)))



H210004510343ABCU

**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**  
**HEALING HANDS BEHAVIOR INC**

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

2021 DEC 10 PM 12:47

2021 DEC 10 PM 12:47

2021 DEC 10 PM 12:47

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

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

Healing Hands Behavior Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

Principal address: 2151 45th street Unit 202 West Plam Beach FL 33407

Mailing address: 6711 Stonecreek Street Greenacres FL 33413

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Adaisis Rodriguez Novo (P)

[illegible]

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Adaisis Rodriguez Novo.

6711 Stonecroft Street Greenfield FL 33413

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

Adaisis Rodriguez Novo

6711 Stonecreek Street Greenacres FL 33413

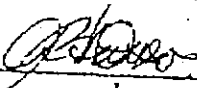
2021 DEC 10 PM 12:41

**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                      12/09/2021  
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                      12/09/2021  
Date