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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
LOS ANGELES HEALING HANDS INC.

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

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: Los Angeles Healing Hands Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4000 NE 169 St #604
North Miami Beach, FL 33160

Mailing address, if different is:
SAME

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any and all lawful business.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ariel Armenteros President
Address: 4000 NE 169 St #604
North Miami Beach, FL 33160

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: Ariel Armenteros

Address: 4000 NE 169 st #604

North Miami Beach, FL 33160

ARTICLE VII. INCORPORATOR

The name and address of the Incorporator is:

Name: Ariel Armenteros

Address: 4000 NE 169 St #604

North Miami Beach, FL 33160

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

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

_____ 02/26/2022

Required Signature/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.817.155, F.S.

_____ 02/26/2022

Required Signature/Incorporator Date