

To:

2022-06-14 14:36:42 GMT

13053284774

From: Yanet Avila

6/14/22, 10:24 AM

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.**

((H22000206409 3)))



H220002064093ABCZ

**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 : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)328-4774

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FILED  
2022 JUN 14 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
KIM'S HEAVENLY HANDS, CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED  
2022 JUN 14 AM 10:50  
CORPORATIONS  
COMMERCIAL  
SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

D. O'KEEFE

JUN 15 2022

**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: KIM'S HEAVENLY HANDS, CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address2510 W 56th ST APT 2407HIALEAH, FL 33016

Mailing address, if different is:

2510 W 56th ST APT 2407HIALEAH, FL 33016**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: KIRENIA MARTINEZ - P

Name and Title: \_\_\_\_\_

Address 2510 W 56th ST APT 2407

Address: \_\_\_\_\_

HIALEAH, FL 33016

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2022 JUN 14 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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: KIRENIA MARTINEZ

Address: 2510 W 56th ST APT 2407

HIALEAH, FL 33016

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

Name: KIRENIA MARTINEZ

Address: 2510 W 56th ST APT 2407

HIALEAH, FL 33016

FILED  
 2022 JUN 14 AM 8:46  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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*/s/ Kirenia Martinez

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.*/s/ Kirenia Martinez

Required Signature/Incorporator

Date