(((H98000005146 9)))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: HEALING HANDS, INC.

AUDIT NUMBER...... H98000005146

DOC TYPEFLORIDA PROFIT CORPORATION OR P.A. CERT. OF STATUS.0 PAGES...... 5
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SECRETARY OF STATE
TALL AHASSEF FLORIDA

ARTICLES OF INCORPORATION

OF

HEALING HANDS, INC.

Article I - Name

The name of the corporation is: Healing Hands, Inc.

Article II - Duration

This corporation shall have perpetual existence.

Article III - Purpose

This corporation is organized for the purpose of transacting any and all lawful business.

Article IV - Capital Stock

This corporation is authorized to issue 500 shares of common stock at \$1.00 par value.

Article V - Principal Office and Agent

The street address of the corporation's initial principal office and the name of the initial registered agent at such address are as follows:

____ Ruth Torres 1557 Carriage Brooke Drive Wellington, FL 33414

Article VI - Initial Board of Directors

This corporation shall have one (1) director initially. The number of directors may be increased from time to time by the By-Laws but shall never be less than one (1).

Ruth Torres 1557 Carriage Brooke Drive Wellington, FL 33414

S.K. PETERSON SILER & YAFFE CPA 2419 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020 (954) 920-9450

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Article VII - Incorporator

The name and address of the person signing these articles is:

Ruth Torres 1557 Carriage Brooke Drive Wellington, FL 33414

Article VIII - Indemnification

The corporation shall indemnify any officer or director or any former officer or director to the full extent permitted by law.

Article IX - Amendment

This corporation reserves the right to amend or repeal any provisions contained in these articles of incorporation, or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

In witness whereof, the undersigned subscriber has executed these articles of incorporation on this 5th day of March, 1998.

Ruth Torres

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON WHOM SERVICE MAY BE SERVED

Pursuant to Chapter 607.34 Florida Statutes, the following is submitted:

First-That HEALING HANDS, INC. desiring to organize under the laws of the State of FLORIDA with its principal office, as indicated in the articles of incorporation at the city of WELLINGTON, County of PALM BEACH, State of FLORIDA, has named RUTH TORRES located at 1557 CARRIAGE BROOKE DRIVE, WELLINGTON, FL 33414 as its agent to accept service of process within this state.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provisions of said act relative to keeping open said office.

RUTH TORRES

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SECRETARY OF STATE
LALLAHASSEE FLORIDA

H98000005146

STATE OF:

FLORIDA

COUNTY OF:

BROWARD

BEFORE ME, a notary public authorized to take acknowledgements in the State and County met forth above personally appeared Ruth Torres known to me and known by me to be the person who has executed the foregoing Articles of Incorporation and she acknowledged before me that she executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county last aforesaid this 5th day of March, 1998.

My Commission Expires:

Suzanne K. Peterson

Suzanne K. Peterson

Notary Public, State of Florida

Commission No. CC 534072

Commission Expires 02/19/00

1.508.3-NOTAEX - Po. Norry Service & Bending Co.

Notary Public

State of Florida at Large