

P99000003801

TRANSMITTAL LETTER

FILED

99 JAN 11 PM 3:19

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: DR. KIND HANDS INC.
(Proposed corporate name - must include suffix)

500002736585--2
-01/11/99--01094--008
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: HERMAN COLLINS
Name (Printed or typed)

1769 SHADETREE WAY # E
Address

WEST PALM BEACH, FL 33406
City, State & Zip

(561) 964-6537
Daytime Telephone number

P. Hall

JAN 13 1999

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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

DR. KINO HANDS INC.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1769 SHADETREE WAY # E
WEST PALM BEACH, FL 33406

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

HERMAN COLLINS
1769 SHADETREE WAY # E
WEST PALM BEACH, FL 33406

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

HERMAN COLLINS
1769 SHADETREE WAY # E
WEST PALM BEACH, FL 33406

Herman Collins
Signature/Incorporator

JAN 8, 1999
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Herman Collins
Signature/Registered Agent

JAN 8, 1999
Date