

TRANSMITTAL LETTER

P99000101066

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

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-11/15/99--01095--016
*****78.75 *****78.75

SUBJECT:

Laurin's Therapeutic Hands, Inc
(Proposed corporate name - must include suffix)

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:

Laurin Kosakowski
Name (Printed or typed)

2399 Treasure Isle Dr. #20
Address

Palm Beach Gardens, Fl. 33410
City, State & Zip

(561) 379-2296
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1999 NOV 15 AM 9:34

FILED

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

A. Howell NOV 18 1999

A. Howell NOV 1 1999

ARTICLES OF INCORPORATION

FILED

1999 NOV 15 AM 9 34

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Laurin's Therapeutic Hands, Inc

ARTICLE II PRINCIPAL OFFICE

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

2399 Treasure Isle Dr. #20
Palm Beach Gardens, Fl. 33410

ARTICLE III SHARES

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

100 sh

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Laurin Kosakowski 2399 Treasure Isle Dr. #20
Palm Beach Gardens, Fl. 33410

ARTICLE V INCORPORATOR

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

Laurin Kosakowski
2399 Treasure Isle Dr. #20
Palm Beach Gardens, Fl. 33410

Laurin Kosakowski

Signature/Incorporator

11/10/99

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

Laurin Kosakowski

Signature/Registered Agent

11/10/99

Date