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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

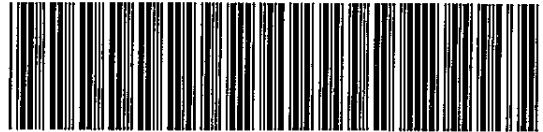
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11/11/20

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 NOV 19 AM 9:25

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FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

November 12, 2002

GAIL SEYMOUR
AHH OF FLORIDA
PO BOX 8381
DELRAY BEACH, FL 33482

SUBJECT: ASSOCIATION FOR HOLISTIC HEALTH
Ref. Number: W02000032251

We have received your document for ASSOCIATION FOR HOLISTIC HEALTH and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your application did not include the second page, so we are returning your form with an attached blank second page for you to complete. Also, you must add a suffix to your name in line 1, as described below. Please note that this suffix is for use in Florida only, and does not affect your filing in California in any way.

The name of the corporation must contain a corporate suffix. This suffix may be CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 402A00061353

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DIVISION OF CORPORATIONS

02 NOV 19 AM 9:25

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASSOCIATION FOR HOLISTIC HEALTH
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

GAIL SEYMOUR
(Name of Person)

A H H OF FLORIDA
(Firm/Company)

PO Box 8381
(Address)

DELRAY BEACH FL 33482
(City/State and Zip Code)

For further information concerning this matter, please call:

GAIL SEYMOUR at (561) 499-0044
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

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

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DIVISION OF CORPORATIONS

W02-372
02 NOV 1999 AM 9:25

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. ASSOCIATION FOR HOLISTIC HEALTH CORP.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. CALIFORNIA 3. 51-0191039
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. AUG. 4, 1976 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. WE ARE UNABLE TO CONDUCT AFFAIRS UNTIL WE OPEN A BANK
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
ACCOUNT. WE CANNOT OPEN A BANK ACCOUNT UNTIL OUR
7. PAPERWORK WITH THE STATE IS FINALIZED
(Principal office address)
WE DO NOT HAVE AN OFFICE YET - PO BOX P381, DELRAY
(Current mailing address) BEACH, FL 33482
8. HEALTH EDUCATION AND SERVICES (HEALTH CARE)
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: GAIL SEYMOUR
Office Address: 5338 GRAND PALM Circle
DELRAY BEACH, Florida 33482
(City) (Zip Code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Gail Seymour, Secretary-Treas., AHH of FL.
(Registered agent's signature)
- ✓ 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: JOSEPH W. STERREY

Address: 777 E. ATLANTIC AVE. - Z339

DELRAY BEACH, FL 33483

Vice President: _____

Address: _____

Secretary: GAIL SEYMOUR

Address: 5338 GRAND PALM CIRCLE

Treasurer: DELRAY BEACH, FL 33484

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Gail Seymour
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

GAIL SEYMOUR, SECRETY-TREAS.
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
CERTIFICATE OF STATUS
DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the **4th day of August, 1976**, **ASSOCIATION FOR HOLISTIC HEALTH** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 22, 2002.



Bill Jones
BILL JONES
Secretary of State

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