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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: THE HOLISTIC HEALTH + WELLNESS CENTER, Inc.
(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:

DEBORAH A REYNOLDS
(Name of Person)

THE HOLISTIC HEALTH + WELLNESS CENTER INC
(Firm/Company)

35439 CRESCENT DR.

(Address)

FRUITLAND PARK FLORIDA 34731
(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Reynolds at (352) 435-0713
(Name of Person) (Area Code & Daytime Telephone Number)

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

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**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. THE HOLISTIC HEALTH & WELLNESS CENTER, Inc
(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. PENNSYLVANIA 3. 23-3028413
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JANUARY 2000 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. DECEMBER 1, 2008
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 354139 CRESCENT DR FRUITLAND PARK, FLORIDA
(Principal office address)

35439 CRESCENT DR FRUITLAND PARK, FLORIDA 34731
(Current mailing address)

8. MINISTRY OF HEALING, SUPPORT CHARITABLE ORGANIZATIONS
(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 **NOT** acceptable)

Name: DEBORAH REYNOLDS

Office Address: 35439 CRESCENT DR

FRUITLAND PARK, Florida 34731
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

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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.*

Deborah Anne Reynolds president
(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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: DESIREE HOEY

Address: 11569 E RIDE ST

JACKSONVILLE, FLORIDA 32223

Director: _____

Address: _____

B. OFFICERS

President: DEBORAH ANNE REYNOLDS

Address: 35439 CRESCENT DR

FRUITLAND PARK, FL 34731

Vice President: _____

Address: _____

Secretary: JOHN H ANEWALT

Address: 35439 CRESCENT DR, FRUITLAND PARK, FLORIDA 34731

Treasurer: _____

Address: _____

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

13. Deborah A Reynolds president
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DEBORAH A REYNOLDS president
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

SEPTEMBER 30, 2008

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

HOLISTIC HEALTH & WELLNESS CENTER, INC. THE

**is duly incorporated under the laws of the Commonwealth of Pennsylvania and
remains a subsisting corporation so far as the records of this office show, as of
the date herein.**



**IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.**

Pedro A. Contis

Secretary of the Commonwealth