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T WASHINGTON

NOV 07 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healing Arts Institute, 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", or "Certificate of Status" 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:

Mary L. Brewster
Name of Person

Healing Arts Institute, INC
Firm/Company

379 Crystal Lake Rd
Tolland, CT 06084
Address

Tolland, CT 06084
City/State and Zip Code

maryella1@earthlink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary L. Brewster ^{office} 860 871-8360 or
Name of Person ^{home} at (802) 368-2571
Area Code Daytime Telephone Number

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

STREET/COURIER ADDRESS:
Registration 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. Healing Arts Institute, 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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MA 3. 04-3165795
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/18/92 5.
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 13720 Bay Lake Road; Groveland, FL 34736
(Principal office address)

Same

(Current mailing address, if different)

8. To provide information and instruction on health education
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) (over)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Janice Makar
Office Address: 13720 Bay Lake Road
Groveland, Florida F 34736
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

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.

x Janice Makar
(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: Mary L. Brewster
Address: PO 32; 250 Gregory Lane
W. Halifax, VT 05358
Vice Chairman: Janice Makar
Address: 137²⁰ Bay Lake Road
Groveland, FL 34736
Director: John Makar
Address: 13720 Bay Lake Road;
Groveland, FL 34736
Director: _____
Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Mary L. Brewster
Address: PO 32; 250 Gregory Lane
W. Halifax, VT 05358
Vice President: Janice Makar
Address: 13720 Bay Lake Road;
Groveland, FL 34736
Secretary: _____
Address: _____
Treasurer: John Makar
Address: 137~~20~~ Bay Lake Road; Groveland, FL 34736

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

13. Mary L. Brewster
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. President / Chairman
(Typed or printed name and capacity of person signing application)



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

October 17, 2016

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office

HEALING ARTS INSTITUTE, INC.

is a domestic corporation organized on **August 18, 1992 (Chapter 180)**.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

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CLERK OF STATE
TALLAHASSEE, FLORIDA



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth