

F19000002259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

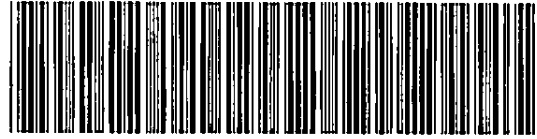
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Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. BRUCE
MAY 13 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2019

GLORIA JACKSON, MD
PO BOX 8346
FREDERICKSBURG, VA 22404

SUBJECT: FOUNDATION FOR THE HEALING ARTS
Ref. Number: W19000032205

We have received your document for FOUNDATION FOR THE HEALING ARTS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 419A00006328

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Foundation For The Healing Arts
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:

Gloria Jackson, MD
Name of Person

Foundation For The Healing Arts
Firm/Company

12 PO Box 8346
Address

Fredericksburg, VA 22404
City/State and Zip Code

org @ foundationforthehealingarts.org
Email address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Gloria Jackson, MD at (415) 720-6551
Name of Person 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. Foundation For The Healing Arts Corporation
(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. CA (State or country under the law of which it is incorporated) 3. 94-3048741 (FEI number, if applicable)

4. 7/02/1987 (Date of Incorporation) 5. _____ (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. 12 Goose Creek Circle; Fredericksburg, VA 22406
(Principal office/address)

PO Box 8346; Fredericksburg, VA 22404
(Current mailing address, if different)

8. Health Research + Education
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

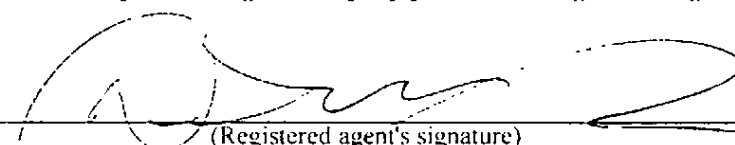
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: DIANA GROVE

Office Address: 170 47th Ave NE
St Petersburg, Florida 33703
(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.


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

A. DIRECTORS

Chairman: Gloria M. Jackson, MD
 Address: PO Box 8346
Fredericksburg, VA 22404

Vice Chairman: Tanyah Cotton
 Address: PO Box 8346
Fredericksburg, VA 22404

Director: Leila Kilgore, Esquire
 Address: PO Box 8346
Fredericksburg, VA 22404

Director: Silvia Evans, CPA
 Address: PO Box 8346
Fredericksburg, VA 22404

B. OFFICERS

President: Gloria M. Jackson, MD
 Address: PO Box 8346
Fredericksburg, VA 22404

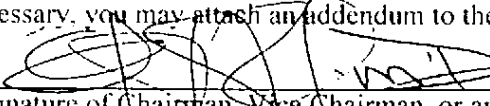
Vice President: Tanyah Cotton
 Address: PO Box 8346
Fredericksburg, VA 22404

Secretary: Ross Echols
 Address: PO Box 8346 ; Fredericksburg, VA 22404

Treasurer: ~~Silvia Evans~~ Susan Morrison
 Address: PO Box 8346 ; Fredericksburg, VA 22404

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 ATLANTA OFFICE

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

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

14. Gloria Jackson, MD CEO
 (Typed or printed name and capacity of person signing application)

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

FOUNDATION FOR THE HEALING ARTS

FILE NUMBER: C1197801
FORMATION DATE: 07/02/1987
TYPE: DOMESTIC NONPROFIT CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of December 21, 2018.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State