

F2 0000003431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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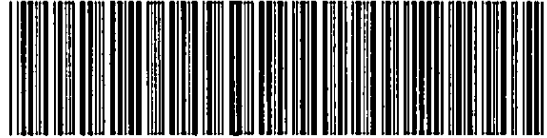
(Business Entity Name)

(Document Number)

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JUL 27 2020

2020 JUL 27 PM 5:05

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Inner Journey Healing Arts Center

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:

Jay M. Nelson - Operations Manager

Name of Person

INNER JOURNEY HEALING ARTS CENTER

Firm/Company

10299 Southern Blvd., UNIT 210791

Address

West Palm Beach, Florida 33411

City/State and Zip Code

Innerjourneywestpalm@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jay M. Nelson

Name of Person

at ( 503 )

Area Code

543-6100

Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

2010 JUN 27 PM 5:06

**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. **INNER JOURNEY HEALING ARTS CENTER (NON-PROFIT 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. WASHINGTON 3. UBI# 602 016 304 and EIN 91-2032896  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/23/2000 5. PERPETUAL  
(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. TBD  
(Principal office street address)

10299 SOUTHERN BLVD., UNIT 210791, WEST PALM BEACH, FL 33411

(Current mailing address, if different)

8. **OUTPATIENT ADDICTION RECOVERY AGENCY (501/C/3 NON-PROFIT CORPORATION)**  
(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: JAY M. NELSON

Office Address: 286 SARATOGA BLVD. E

ROYAL PALM BEACH, Florida 33411-8283

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: MARK MOERMAN  
☐ Vice Chairman Address: 10299 SOUTHERN BLVD  
☐ Director UNIT 210791  
☒ President WEST PALM BEACH, FL 33411  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: LISA BURNELL  
☐ Vice Chairman Address: 10299 SOUTHERN BLVD  
☒ Director UNIT 210791  
☐ President WEST PALM BEACH, FL 33411  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: BARBARA HUGHES  
☐ Vice Chairman Address: 10299 SOUTHERN BLVD.  
☐ Director UNIT 210791  
☐ President WEST PALM BEACH, FL 33411  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: JAY NELSON  
☐ Vice Chairman Address: 10299 SOUTHERN BLVD  
☐ Director UNIT 210791  
☐ President WEST PALM BEACH, FL 33411  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

14. JAY NELSON - OPERATIONS MANAGER  
(Typed or printed name and capacity of person signing application)

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 718Z341Q5

I, BEV CLARNO, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

**INNER JOURNEY HEALING ARTS CENTER**

is

a Nonprofit Corporation

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*

*In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.*



A handwritten signature in cursive script, reading 'Bev Clarno'.

BEV CLARNO, SECRETARY OF STATE

5/12/2020

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UNITED STATES OF AMERICA

# The State of Washington

## Secretary of State



I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

OF

INNER JOURNEY HEALING ARTS CENTER

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 02/23/2000.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 05/06/2020  
UBI Number: 602 016 304



Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

*Kim Wyman*

Kim Wyman, Secretary of State

Date Issued: 05/06/2020

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