

F23000006363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

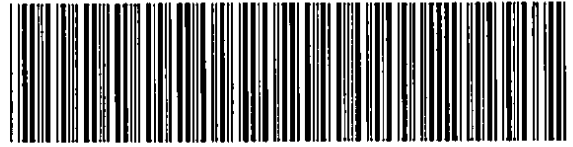
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M. SOLOMON

NOV 13 2023

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HEAL BEAUTIFUL, 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:

SHULUNDA RICHARDSON

Name of Person

HEAL BEAUTIFUL, INC

Firm/Company

7199 NW 21ST COURT

Address

SUNRISE, FL 33313

City/State and Zip Code

SHULUNDAR@GMAIL.COM

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

For further information concerning this matter, please call:

SHULUNDA RICHARDSON

at ( 404 ) 600-9139

Name of Person

Area Code

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

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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. HEAL BEAUTIFUL 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. FLORIDA

(State or country under the law of which it is incorporated)

3. 85-0800890

(FEI number, if applicable)

4. 03/27/2020

(Date of Incorporation)

5. PERPETUAL

(Date of duration, if other than perpetual)

6. HAVE NOT STARTED YET

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

7. 7199 NW 21ST COURT SUNRISE, FL 33313

(Principal office street address)

(Current mailing address, if different)

8. TO EMPOWER, EDUCATE, AND SUPPORT WOMEN AS IT RELATES TO SELF-CARE AND OTHER NEEDS.

(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: SHULUNDA RICHARDSON

Office Address: 7199 NW 21ST COURT

SUNRISE

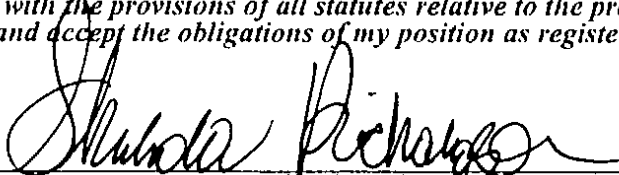
(City)

, Florida 33313

(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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DEPT OF STATE  
CORPORATE  
REGISTRATION

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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: SHULUNDA RICHARDSON

☐ Vice Chairman

Address: 7199 NW 21ST COURT

SUNRISE, FL 33313

☒ Director

☐ President

☐ Vice President

☐ Secretary

☐ Treasurer

☐ Other:

☐ Other:

☐ Chairman

Name: TIFFANY RICHARDSON

☐ Vice Chairman

Address: 7199 NW 21ST COURT

SUNRISE, FL 33313

☒ Director

☐ President

☒ Vice President

☐ Secretary

☐ Treasurer

☐ Other:

☐ Other:

☐ Chairman

Name: YULUNDA DAISE

☐ Vice Chairman

Address: 7199 NW 21ST COURT

SUNRISE, FL 33313

☒ Director

☐ President

☐ Vice President

☒ Secretary

☐ Treasurer

☐ Other:

☐ Other:

☐ Chairman

Name:

☐ Vice Chairman

Address:

☐ Director

☐ President

☐ Vice President

☐ Secretary

☐ Treasurer

☐ Other:

☐ Other:

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CLERK OF STATE  
JANICE H. HARRIS

☐ Chairman

Name:

☐ Vice Chairman

Address:

☐ Director

☐ President

☐ Vice President

☐ Secretary

☐ Treasurer

☐ Other:

☐ Other:

☐ Chairman

Name:

☐ Vice Chairman

Address:

☐ Director

☐ President

☐ Vice President

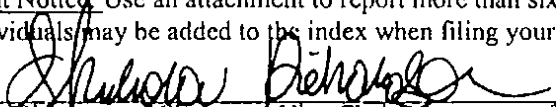
☐ Secretary

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

14. SHULUNDA RICHARDSON  
(Typed or printed name and capacity of person signing application)

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**Heal Beautiful Inc**  
a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 26178382  
Date Inc/Auth/Filed: 04/16/2020  
Jurisdiction : Georgia  
Print Date : 11/09/2023  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2023

SHULUNDA RICHARDSON  
7199 NW 21ST COURT  
SUNRISE, FL 33133 US

SUBJECT: HEAL BEAUTIFUL, INC  
Ref. Number: W23000048490

We have received your document for HEAL BEAUTIFUL, INC 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 jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 623A00007988