

ND20000009955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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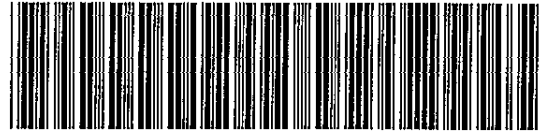
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE
01-01-03

12/16/02--01030--001 **78.75

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02 DEC 17 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Harmony Holistic Healing Center Incorporated
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Francine Camp
Name (Printed or typed)

2149 Bonnie Drive
Address

West Palm Beach Fla. 33415
City, State & Zip

(561) 642-2833 or (561) 254-4798 (cell)
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

12/12/02

To whom it may concern,

Harmony Holistic Healing Center Inc.

2149 Bonnie Drive - West Palm Bch, Fla. 33415

I will not revoke the voluntary
dissolution and I'm releasing the
name to the non-profit corporation

Francine Camp/President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

HARMONY Holistic Healing Center Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*2149 Bonnie Drive
West Palm Beach Fla. 33415*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Teaching Nutrition to people with chronic illness and making
nutritional supplements available.*

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

As stated in the bi-laws

EFFECTIVE DATE
01-01-03

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

*Francine Camp / President
2149 Bonnie Drive
West Palm Bch Fla. 33415*

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TALLAHASSEE, FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

*Francine Camp / President
2149 Bonnie Drive
West Palm Beach Fla. 33415*

*Francine Camp
(Francine Camp)*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Francine Camp
Francine Camp / President
2149 Bonnie Drive
West Palm Beach, Fla. 33415*

Article 8 effective date 1-1-03

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Francine Camp

Signature/Registered Agent

12/12/02

Date

Francine Camp

Signature/Incorporator

12/12/02

Date