

105000004453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

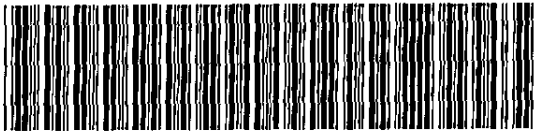
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
05 APR 28 PM 2:54
RECEIVED
05 APR 28 AM 9:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

• 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*All Healers Alliance
Corporation*

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

Signature _____

Requested by: *wc* *4/28* *9:00*

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 APR 28 PM 2:54

ARTICLE I NAME

The name of the corporation shall be:

ALL HEALERS ALLIANCE CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

**PO Box 380064
JACKSONVILLE, FL 32205**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**EDUCATE AND TRAIN THE GENERAL PUBLIC IN A
VARIETY OF SPIRITUAL HEALING MODALITIES**

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

PRESIDENT & SECRETARY APPOINT DIRECTORS

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

DENNIS ALLEN PRES.	LINDA MYRAS
3063 RAUENNA AV	412 DUNDUFF CT
NAPLES, FL 34120	NAPLES, FL 34104

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


**MICHAEL THOMAS
2720 PARK ST.
JACKSONVILLE, FL 32205**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**MICHAEL THOMAS
2720 PARK ST.
JACKSONVILLE, FL 32205**


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.



Signature/Registered Agent

4/28/05

Date



Signature/Incorporator

4/28/05

Date