

N05000010953

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000060155490

10/13/05--01063--010 **87.50

FILED
05 OCT 24 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓
10/25/05 BUK
WDS-45679

TRANSMITTAL LETTER

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

SUBJECT: ANGEL TREE WELLS, INC
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Daphne Jones
Name (Printed or typed)

2347 W. Beach ST. STE B
Address

Tampa FL 33607
City, State & Zip

813-927-2808
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 4, 2005

DAPHNE JONES
2347 W. BEACH ST.
SUITE B
TAMPA, FL 33607

SUBJECT: ANGEL TREE WELLNESS, INC.
Ref. Number: W05000045679

We have received your document for ANGEL TREE WELLNESS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

An effective date may be added to the Articles of Incorporation if a 2006 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of 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) 245-6840.

Bruce W Kitchens
Document Specialist
New Filings Section

Letter Number: 905A00060223

RECEIVED
05 OCT 21 AM 10:21
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED
05 OCT 24 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

Laurel Tree Wellness, Inc.
a Non-Profit Florida Corporation

(Pursuant to Chapter 617, Florida Statutes.)

The undersigned has, for the purpose of forming a non-profit corporation under the laws of Florida, adopted the following Articles of Incorporation.

1. **Name.** The name of this corporation is Laurel Tree Wellness, Inc..
2. **Tax-Exempt Status.** The tax exempt purposes of this corporation shall be to receive and maintain a fund or funds of real or personal property or both and, subject to the restrictions and limitations which are hereinafter set forth, to use and apply the whole or any part of the income from the principal of the fund or funds exclusively for charitable, religious, scientific, literary or educational purposes, either directly or by contributions to organizations that qualify as exempt organizations under §501(c)(3) of the Internal Revenue Code and its regulations as they now exist or any may hereafter be amended. Notwithstanding any other provision of these Articles of Incorporation, this corporation shall not conduct or carry on any activities not permitted to be conducted or carried on by organizations described in §501(c)(3) of the Internal Revenue Code and its regulations as they now exist or as they may hereafter be amended.
3. **Principal Office of Business.** The principal place of business and mailing address of the corporation is:

Principal Office of Business
2347 W. Beach Street STE B
Tampa, FL 33607

Mailing Address
PO Box 291314
Tampa, FL 33687
4. **Specific Purpose.** The specific purpose of the non-profit corporation is:

Care Giving Center

5. **Manner of Election.** The manner in which the directors are elected or appointed is:

Appointed by Incorporator

6. **Board of Directors.** The number of directors of the corporation shall be fixed and may be altered from time to time as may be provided in the by-laws. In case of any increase in the number of directors, the additional directors may be elected by the directors or by the members at an annual or special meeting, as shall be provided in the by-laws.

The names and addresses of the members of the initial Board of Directors, who shall serve until their successors are qualified according to the by-laws, are:

Daphne Jones
Director
5608 Puritan Road
Tampa, FL 33617

7. **Registered Agent.** This corporation appoints Daphne Jones, who has been a bona fide resident of the State of Florida for at least three years, as its Registered agent in and for the State of Florida. The complete name and address of the Registered Agent is

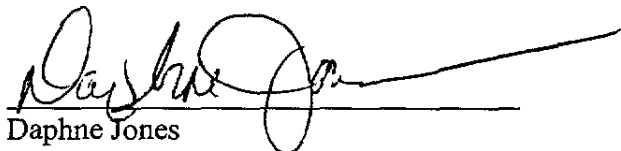
Daphne Jones
5608 Puritan Road
Tampa, FL 33617

8. **Incorporator.** The name and address of the incorporator is:

Daphne Jones
5608 Puritan Road
Tampa, FL 33617

9. **Effective Date.** These Articles are to be effective the date of filing unless otherwise specified below:

IN WITNESS WHEREOF, the following incorporator has signed these Articles of Incorporation this date: 10/18/05.


Daphne Jones

ACCEPTANCE BY REGISTERED AGENT

Having been named as a 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.

DATE: 10/18/05

Daphne Jones
Daphne Jones