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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W11-58224

Office Use Only



900214241239

11/14/11--01028--009 **78.75

Effective Date

01-01-12

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -5 AM 10:05

To Whom it May Concern,

Please note that ALMOND BLOSSOM WELLNESS, LLC, EIN # 90-0711837, is owned by myself, Kim Hostetter and my husband, David Hostter. We are filing as a INC status using the same name of ALMOND BLOSSOM WELLNESS, for the purpose of filing for non-profit status. I have sent in the corrected application, as per instruction by Valerie Herring, Regulatory Specialist II.

Therefore the name we wish to use will be ALMOND BLOSSOM WELLNESS, INC

I do have a short time to re-submit my non-profit application, which includes this corporate status. Your timely attention to this matter is most appreciated.

If you have any further questions, please email or call me at 386.931.9696

Sincerely,

--

Kim Hostetter
Founder President/ Almond Blossom Wellness
Health Minister/Raw Food Nutritionist and Chef/ Wellness Coach
kimalmondblossomlive@gmail.com
386 693 4930

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Founder President/ Almond Blossom Wellness
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711
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -5 AM 10:05

COVER LETTER

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

SUBJECT: ALMOND BLOSSOM WELLNESS LLC

(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: Kim Hostetter

Name (Printed or typed)

1335 S Daytona Ave

Address

Flagler Beach, FL 32136

City, State & Zip

386-931-9696

Daytona Ave, Flagler Beach, FL 32136

kim@almondblossomwellness.com,

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 30, 2011

KIM HOSTETTER
1335 S DAYTONA AVE
FLAGLER BEACH, FL 32136

SUBJECT: ALMOND BLOSSOM WELLNESS LLC
Ref. Number: W11000058224

We have received your document for ALMOND BLOSSOM WELLNESS LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected 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) 245-6962.

Valerie Herring
Regulatory Specialist II

Letter Number: 711A00026005

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Almond Blossom Wellness, INC

Effective Date

01-01-12

ARTICLE II PRINCIPAL OFFICE

Principal street address

1335 S Daytona Ave Flagler Beach, FL 32136

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To educate as Health Ministers, Wellness Educators, and Spiritual Counselors individuals promoting a platform for healthy living teaching the healing power of natural God-given means.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Initial directors are selected by the founder and cofounder of Almond Blossom Wellness LLC and thereafter elected through the process stated in the Bylaws of the corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kim Hostetter / President

Address: 1335 S Daytona Ave
Flagler Beach, FL
32136

Name and Title: Tatiana Kovaltch / Officer

Address: 609 Moss Creek Dr
Ormond Beach, FL
32174

Name and Title: Sylvia Hitchcock / Secretary

Address: 249 Barton Road
Ashville, NC
28804

Name and Title: Dora Binegar / Officer

Address: 22 Falls Way Dr
Ormond Beach, FL
32174

Name and Title: David Hostetter / Officer

Address: 1335 S Daytona Ave
Flagler BEach, FL
32136

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: Kim Hostetter

Address: 1335 S Daytona Ave
Flagler Beach, FL
32136

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Hostetter

Address: 1335 S Daytona Ave
Flagler Beach, FL
32136

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

Kim Hostetter

Required Signature of Registered Agent

effective
date

1.01.12
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

David Hostetter

Required Signature of Incorporator

effective
date

1-01-12
Date

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
12 JAN -5 AM 10:05