

N12000002708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

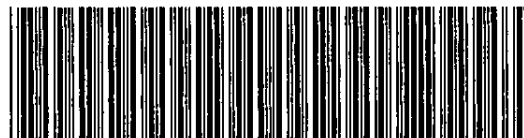
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900224162019

03/09/12--01016--002 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR -9 AM 11:33

Ps 3/13/12

COVER LETTER

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

SUBJECT: Venice Holistic Center, 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

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Jillaurie Crane
Name (Printed or typed)

1447 Strada D'Oro
Address

Venice FL 34292
City, State & Zip

941-323-8033
Telephone number

veniceholistic@aol.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

Venice Holistic Center, Inc

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
251 Tamiami Tr
Venice Fl 34285

Mailing address, if different is:
1447 Strada D'Oro
Venice, Fl 34292

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

We are a non-profit educational organization offering body/mind, wellness and spiritual classes and workshops such as yoga, meditation and t'ai chi. We are dedicated to our offerings being priced moderately and to having partial payments and scholarships so no one has to be turned away.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:
appointed at annual meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jillaurie Crane Director
Address: 1447 Strada S'Oro
Venice, Fl 34292

Name and Title: Joelle Lau-Hansen, Coordinator
Address: 935 Shasta Rd
Venice Fl 34293

Name and Title: Jami lin Secretay
Address: 9 Riverfront Dr
Venice, Fl 34293

Name and Title: _____
Address: _____

Name and Title: Barbara Calabrese
Address: 1822 Calahan Ave
North Port, Fl 34288

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: Jillaurie Crane
Address: 1447 Stada D'Oro
Venice, Fl 34292

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jillaurie Crane
Address: 1447 Stada D'Oro
Venice, Fl 34292

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR - 9 AM 11:33

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

Jillaurie Crane
Required Signature of Registered Agent

3/5/12
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.

Jillaurie Crane
Required Signature of Incorporator

3/5/12
Date