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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: The Radiant Health Foundation, 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: Phyllis Hubbard
Name (Printed or typed)

335 S. Biscayne Blvd #3209
Address

Miami FL, 33131
City, State & Zip

786-759-0390
Daytime Telephone number

Phubbard@radianthealthstrategies.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

The name of the corporation shall be: The Radiant Health Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
335 S Biscayne Blvd
#3209
Miami, FL 33131

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To guide individuals, communities and organizations to high standards of healthy living through the use of educational, literary and charitable programs.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Appointed initially by the CEO. Vacancies shall be filled by the board with recommendations of the CEO.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address: | _____ | Address: | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Name and Title: | _____ | Name and Title: | _____ |
| Address: | _____ | Address: | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Name and Title: | _____ | Name and Title: | _____ |
| Address: | _____ | Address: | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

ARTICLE VI REGISTERED AGENT

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

Name: Phyllis Hubbard
Address: 335 S Biscayne Blvd
#3209
Miami, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Phyllis Hubbard
Address: 335 S Biscayne Blvd
Miami, FL 33131

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]

Required Signature of Registered Agent

6-15-12

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.

[Signature]

Required Signature of Incorporator

6-15-12

Date

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