N15000007683

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

RE-SUBMIT
Please retain original filing date of submission 7/14

15 AUG -6 PM 2:07

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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15 JUL 14 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
Healing Nation, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06 6
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AUG 7 2015
S. GILBERT

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July 15, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

E-FILE - C T CORPORATION

RE-SUBMIT
Please retain original filing
date of submission 7/14

SUBJECT: HEALING NATION, INC.
REF: W15000047464

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

If you have any further questions concerning your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

FAX Aud. #: H15000171769
Letter Number: 715A00014826

July 13, 2015

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

To Whom It May Concern:

Please allow this letter to serve as consent of Healing Nation Global, Inc. allowing the name Healing Nation, Inc. to be used in all legal applications. There is no conflict of interest.

Best Regards,

Sang Washington

Founder
Healing Nation Global, Inc.

7643 Gate Parkway Suite 104-128 Jacksonville Florida 32256
Phone: 213.514.4711

COVER LETTER

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

SUBJECT: Healing Nation, 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: _____
Name (Printed or typed)

_____
Address

_____
City, State & Zip

_____
Daytime Telephone number

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

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

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

FILED
15 JUL 14 PM 12: 19

ARTICLE I NAME

The name of the corporation shall be: Healing Nation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7643 Gate Parkway 104-128
Jacksonville, FL 32256

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The organization will provide educational resources in the form of classes, social media forums and literature on holistic healing methods for members of the community with a variety of symptoms from diseases to common ailments.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: voted on by the board

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sang Washington/Director
Address 7643 Gate Parkway 104-128
Jacksonville, FL 32256

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
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: C T Corporation System

Address: 1200 South Pine Island Road

Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The **name and address** of the incorporator is:

Name: Sang Washington

Address: 7643 Gate Parkway 104-128

Jacksonville, FL 32256

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

By: Kimberly Steinmetz C T Corporation System Kimberly Steinmetz Vice President & Assistant Secretary 7/14/15

Required Signature of Registered Agent 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.

_____ 7/14/2015

Required Signature of Incorporator Date

Sang Washington