

N 1500 0007984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

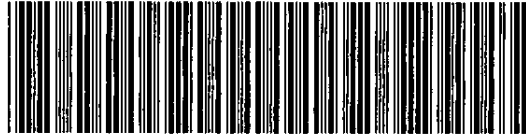
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

CIN
X000
& CC
6591, 045-200
8/20/15

COVER LETTER

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

SUBJECT: _____

firstbreathstudio, 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: _____

Lisa Akers

Name (Printed or typed)

444 Paula drive #330

Address

Dunedin Florida 34698

City, State & Zip

727. 412. 0286

Daytime Telephone number

Lisa O2 H2O@aol.com

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

(the only number in e-mail address is 2)

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: firstbreathstudio, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

126 3rd Ave North
Safety Harbor FL 34695

Mailing address, if different is:

444 Paula Drive #330
Dunedin FL 34698

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: firstbreathstudio foundation is created to provide a not for profit organization that will allow veterans, families of veterans, first responders, teachers, children with special needs and developmental delays to receive, to participate in Acupuncture, Oriental Medicine and Well-Being Care. This will include Acupuncture, Chinese Herbal Formulations, Oriental Medicine, to include Moxibustion, Cupping, Jui Nai, Gong Sha, Chinese Body Work, Lifestyle Coaching, Food as Medicine, Nutritional Counseling, Yoga Therapy, Yoga Nidra, ART and music therapy.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

The initial officers will be appointed by the incorporator, All subsequent officers will be elected and appointed by majority vote of standing officers

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Akers, M.Ac, L.Ac Name and Title: _____

Address: 444 Paula drive #330 Address: _____

Dunedin FL 34698

Name and Title: Nicholas Akers USF Bio Medical Science AND ROTC Name and Title: _____

Address: 444 Paula Drive #330 Address: _____

Dunedin FL 34698

Name and Title: Laura Greenwich-Franklin Name and Title: _____

Address: _____ Address: _____

2074 Parson Court
Red Lion, PA 17356

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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: Lisa Akers

Address: 444 Paula Drive #330
Dunedin FL 34698

ARTICLE VII INCORPORATOR

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

Name: LISA AKERS

Address: 444 Paula Drive #330
Dunedin FL 34698

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Lisa Akers

Required Signature of Registered Agent

08-08-2015
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.

Lisa Akers

Required Signature of Incorporator

08-08-2015
Date