

N16000003071

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

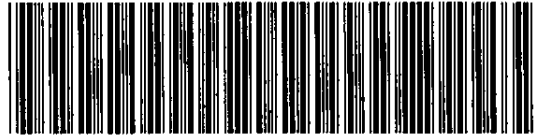
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W16-17736

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16 MAR 21 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02224

COVER LETTER

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

SUBJECT: HIGHER BEING 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: CAROLYN LAWSON
Name (Printed or typed)

2500 Merchants Row Bldg. #
275
Address

Tallahassee FL 32311
City, State & Zip

850-322-8500
Daytime Telephone number

clawson895@aol.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

March 9, 2016

CAROLYN LAWSON
2500 MERCHANTS ROW BLVD #275
TALLAHASSEE, FL 32311

SUBJECT: HIGHER BEING INC. "LINK TO INFINITE MIND"
Ref. Number: W16000017736

We have received your document for HIGHER BEING INC. "LINK TO INFINITE MIND" and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return 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) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 616A00004895

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16 MAR 21 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: HIGHER BEING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2500 Merchants Row Blvd
275
Tallahassee, FL 32311

Mailing address, if different

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR 21 PM 4:50

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Elevate and expand spiritual consciousness through classes, workshops, training programs and spiritual healing practice.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The Board shall be appointed by the CEO and an independent committee from the community. Board members shall serve two years.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Candice Lawson CEO</u>	Name and Title:	<u>Annie McKinney Treasurer</u>
Address	<u>2500 Merchants Row</u> <u>Bldg # 275</u> <u>Tallahassee, FL 32311</u>	Address:	<u>81 Cochise Street</u> <u>Crawfordville, Florida</u> <u>32327</u>
Name and Title:	<u>Tiffany McCloud Asst CEO</u>	Name and Title:	<u>Willie J. Mitchell Board Member</u>
Address	<u>9684 Hazel Lake Drive</u> <u>Jacksonville, FL 32222</u>	Address:	<u>709 N. Oak Street</u> <u>Thomasville, Georgia</u> <u>31792</u>
Name and Title:	<u>Valencia Willis Secretary</u>	Name and Title:	
Address	<u>331 Woodbridge Trail</u> <u>Thomasville, Georgia</u> <u>31792</u>	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: Joyce Graymon / Joyce Gaymon

Address: 512 Thomas St.
Quincy, FL 32351

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carolyn Lawson
CAROLYN LAWSON

Address: 2500 Merchant Row Blvd #275
Tallahassee FL 32311

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

Joyce Graymon
Required Signature of Registered Agent

2/20/16
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.

Carolyn Lawson
Required Signature of Incorporator

2/20/16
Date