NIL 000008220

(F	Requestor's Name)
	Address)
(<i>P</i>	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(E	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
and will be doing	es that RAPHA is not an acronym business using the full name of E PAIN HEALED & APPOINTED, INC.

Office Use Only



400288302934

07/25/16--01024--005 **78.75

W16-053416



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 2, 2016

PATRICIA WILLIAMS 1500 S.E. MAGNOLIA EXT., STE. 104 OCALA, FL 34471

SUBJECT: R.A.P.H.A. RISING ABOVE PAIN HEALED & APPOINTED, INC.

Ref. Number: W16000053416

We have received your document for R.A.P.H.A. RISING ABOVE PAIN HEALED & APPOINTED, INC. and your check(s) totaling \$78.75. 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.

Please return the corrected original and one copy of 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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 616A00016146



PO Box 608406 Orlando, FL 32860 Phone 407-389-2440 the501cpro@aol.com

Fax 407-386-6854 www.501pro.com

DO NOT UN-STAPLE DOCUMENT!

MAILING INSTRUCTIONS

FLORIDA

ARTICLES OF INCORPORATION

- Sign all copies of documents where noted
- Enclose filing fee of \$78.75
- Make check payable to FL Dept. of State
- Mail <u>all copies</u> to:

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

A certified copy of this document will be returned to you for your records.

<u>Do not misplace</u> it as you may need it for the IRS or future reference.

COVER LETTER

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

J BJECT:	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)		
	(FROI OSED CORE	ORATE NAME - MOST IN	CEOUR SCITIA)
closed is an original a	and one (1) copy of the Ar	ticles of Incorporation and	a check for :
\$70.00	□ \$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
	Status	ADDITIONAL CO	
FROM:	Patricia H. Williams Na 1500 SE Magnolia Ext., Suit	me (Printed or typed)	- - 284 Stre
		Address	
	Ocala, FL 34471		
		City, State & Zip	
	352-861-9167		_
	Dayt	ime Telephone number	_
	joyindamornin@earthlink.ne	et	
!	E-mail address: (to be used for	future annual report notification	on)

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

ARTICLES OF INCORPORATION

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

The name of the	corporation shall be:	e Pain Healed & Appointed, Inc.	
ARTICLE II	PRINCIPAL OFFICE		
4615	Principal <u>street</u> address: SE 28th Street	Mailing address, if different is:	
Ocala	, FL 34480		
	r which the corporation is organized is:	poses within the meaning of section 501(c)(3) of the Internal Revenue	
Code, includin	g, for such purposes, the making of distribut	ions to organizations that qualify as tax exempt under section 501(c)(3) of
the IRS Code,	or the corresponding section of any future for	ederal tax code.	
ARTICLE V Name and Title Address	Patricia H. Williams, President - Director	in which the directors are elected and appointed: Provided in Bylaws. Provided in Bylaws. Address:	_
ARTICLE V Name and Title	Patricia H. Williams, President - Director 4615 SE 28th Street Ocala, FL 34480	ORS 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 Flo	orida street address (P.O. Box NOT accep	otable) of the registered agent is:
Name:	Patricia H. Williams	
Address:	4615 SE 28th Street	
	Ocala, FL 34480	
	INCORPORATOR dress of the Incorporator is:	
Name:	Patricia H. Williams	
	4615 SE 28th Street	
Address:	Ocala, FL 34480	
	Ocala, 1 L 34400	
	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)
(If an effective d		d cannot be more than five business days prior or 90 business days
after the filing.)		
	inserted in this block does not meet the ap ive date on the Department of State's reco	plicable statutory filing requirements, this date will not be listed as the ords.
	•	
		of process for the above stated corporation at the place designated in this is registered agent and agree to act in this capacity
Pata	LCIO WULLAND Required Signature of Registered	July 4, 2016
	Required Signature of Registered	Agent Date
	ment and affirm that the facts stated here t of State constitutes a third degree felony	rin are true. I am aware that any false information submitted in a document as provided for in s.817.155, F.S.
No.	Ariain Lisido: mu	July 4, 2016
- Y W	Required Signature of Incor	July 4, 2016 Date

Articles of Incorporation

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

Attachment Page

Article IX Dissolution

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth hereof.

No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of the corporation, the board of directors shall make provision for payment of any debts of the corporation; any remaining assets after payment of all debts shall be distributed to tax exempt organizations for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.