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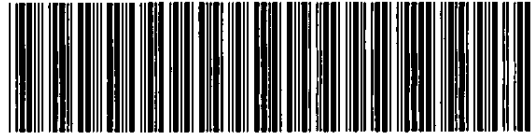
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## COVER LETTER

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

SUBJECT: MICA Holistic Retreat, 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: KATHY M. TRAPP  
Name (Printed or typed)

906 S.W. THIRD ST.  
Address

HAVANA, FL 32333  
City, State & Zip

201-772-0587  
Daytime Telephone number

imani.trapp@gmail.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: MICA Holistic Retreat, Inc.

**ARTICLE II. PRINCIPAL OFFICE**

Principal street address:

KATHY M. TRAPP  
906 S.W. Third Street  
HAVANA, FLORIDA 32333

Mailing address, if different is:

P. O. BOX 78  
CBS COB, CT 06807

**ARTICLE III. PURPOSE**

The purpose for which the corporation is organized is: TO ESTABLISH AND MANAGE AN ASSISTED LIVING,  
NEIGHBORHOOD FAMILY COUNSELING CENTER, & CBD  
TREATMENT CLINIC FOR MICA DIAGNOSED  
INDIVIDUALS AND THEIR FAMILIES

**ARTICLE IV. MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

As stated in the bylaws.

**ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>IMANI TRAPP, Exec Dir</u>	Name and Title:	<u>ELMA ASHBY, Pres.</u>
Address:	<u>906 SW Third St.</u>	Address:	<u>906 S.W. Third St.</u>
	<u>HAVANA, FL 32333</u>		<u>HAVANA, FL 32333</u>

Name and Title:	_____	Name and Title:	_____
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Address:	_____	Address:	_____
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Name and Title:	_____	Name and Title:	_____
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Address:	_____	Address:	_____
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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:

KATHY M. TRAPP

Address:

906 S.W. Third St.

~~MIAMI~~ HAVANA, FL 32333

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

KATHY M. TRAPP

Address:

906 S.W. Third St.

HAVANA, FL 32333

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 2/21/2017 (OPTIONAL)

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

Kathy M. Trapp

Required Signature of Registered Agent

2/21/2017  
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.

Kathy M. Trapp

Required Signature of Incorporator

2/21/2017  
Date