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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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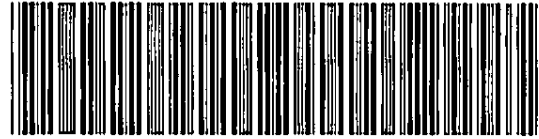
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
21 DEC 23 AM 11:11

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COVER LETTER

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

SUBJECT: Domesticating Free Range Psychiatry Inc

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status

\$ 8.75

From: Kendra Campbell

Name (printed or typed)

5753 Hwy 85 North #5017

Address

Crestview, FL 32536

City, State & Zip

786-453-4572

Daytime Telephone Number

doc@freerangepsy.org

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

Articles of Domestication
Foreign Corporation Domesticating to Florida

SECRETARY OF STATE
DIVISION OF CORPORATIONS
21 DEC 23 AM 11:11

The undersigned, Kendra Campbell President
(Name) (Title)

of Free Range Psychiatry Inc, a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is Free Range Psychiatry Inc
(Foreign Corporation)

2. The jurisdiction and date of its formation is Richmond, Virginia 8/10/2018

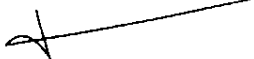
3. The name of the domesticated corporation is Free Range Psychiatry Inc

4. The jurisdiction of formation of the domesticated corporation is **Florida**

5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.

6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.


(Authorized Signature)

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Free Range Psychiatry Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5753 Hwy 85 North

#5017

Crestview, FL 32536

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our mission is to empower people to connect to their inner wisdom to heal
dis-ease and love their authentic selves. We provide holistic psychiatric services to individuals of all ages.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kendra Campbell, President

Address: 5753 Hwy 85 North

#5017

Crestview, FL 32536

Name and Title: Corina Fratila, Treasurer

Address: 7 Charlesbrooke Rd

Baltimore, MD 21212

Name and Title: Daniel Roman, Secretary

Address: 328 East 85th St. Apt. D

New York, NY 10028

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: _____

Address: _____

ARTICLE VII INCORPORATOR

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

Name: Kendra Campbell _____

Address: 5753 Hwy 85 North #5017 _____

Crestview, FL 32536 _____

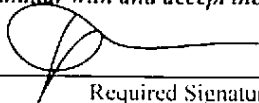
ARTICLE VIII EFFECTIVE DATE:

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 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

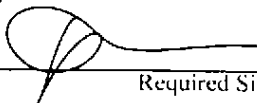


Required Signature of Registered Agent

12/23/21

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.



Required Signature of Incorporator

12/23/21

Date