N22000013893

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bı	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	fl



400397483364

12.00 22--01011--032 **87.50

2022 DEC -6 AH IO: 27

COVER LETTER

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

SUBJECT: Heating Bea	uty CommUNITY Practice INC		
	(PROPOSÉD CORP	ORATE NAME - <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Ar	ticles of Incorporation and	a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	■ \$87.50 Filing Fee, Certified Copy & Certificate PPY REQUIRED
FROM:	Shabreal Lasseter Na	me (Printed or typed)	-
	2951 15th Ave So	Address	-
	Saint Petersburg, Fl. 33712		

863-238-3413

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

City, State & Zip

Daytime Telephone number

shabreal zaire @healing beauty community practice.org

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

To Whom It May Concern,

I, Shabreal Lasseter, am writing a letter of dissolution for Healing Beauty Community Practice, LLC. Healing Beauty Community Practice is no longer a Limited Liability Company. It will operate as a nonprofit corporation that provides resources for the community. If you have any questions or concerns, please contact me via email at shabrealzaire@healingbeautycommunitypractice.org. You can also contact me via phone at (863) 238-3413.

1///

Thank You.

-Shabreal Lasseter

Signed Before rue this 2nd Day of December 2022, By Shabreal Lasseter

DEKASA TRANQUILLE
Notary Public - State of Florida
Commission # HH 333811
My Comm. Expires Nov 17, 2026
Bondec through National Notary Assn.

DeKasak grungulle

2022 DEC -6 AM IO: 27



Florida Limited Liability Corporation Dissolution Filing Payment

Document Number: L22000102981

HEALING BEAUTY COMMUNITY PRACTICE, LLC

Thank you for filing your Florida Limited Liability Corporation Dissolution online. Your document filed date will be today's date if there are no processing errors.

Your confirmation/tracking number is 900398317569.

Your charge amount is \$25.

File another Florida Limited Liability Corporation Dissolution

File a different document

2022 DEC -6 AM 10: 27

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

ARTICLE II	PRINCIPAL OFFICE			
2951	Principal <u>street</u> address: 15th Ave South	Mailing ad	dress, if different is:	
				
ARTICLE III The purpose for	PURPOSE for which the corporation is organized is:	Healing Beauty CommUNITY Practice	e INC. is a corporation that the	uses or
providing rese	ources for the betterment of the people a	nd the commUNITY.	DEC	•
			DEC -6	,
				T.
				<u>ن</u> در
			<u></u>	<u> </u>
ARTICLE IV	MANNER OF ELECTION The m	anner in which the directors are elected a	nd appointed:	ГЕ
	MANNER OF ELECTION The m		nd appointed: POPULAR VOT	ГЕ
	INITIAL OFFICERS AND/OR DIRE	ECTORS	nd appointed:	ГЕ
ARTICLE V Name and Titl	EShabreal Lasseter, CEO 2951 15th Ave South	ECTORS Name and Title:	nd appointed:	ГЕ
ARTICLE V	INITIAL OFFICERS AND/OR DIRI	ECTORS Name and Title:	nd appointed:	ГЕ
ARTICLE V Name and Titl	Enitial Officers And/OR DIRI Shabreal Lasseter, CEO 2951 15th Ave South Saint Petersburg, Fl. 33712	ECTORS Name and Title: Address:	nd appointed:	ГЕ
Name and Titl Address	Enitial Officers And/OR DIRI Shabreal Lasseter, CEO 2951 15th Ave South Saint Petersburg, Fl. 33712	Name and Title: Address: Name and Title:	nd appointed:	ГЕ
ARTICLE V Name and Titl Address	e: Shabreal Lasseter, CEO 2951 15th Ave South Saint Petersburg, Fl. 33712 Bryant Sanders Jr., Secretary	ECTORS Name and Title: Address:	nd appointed:	ГЕ
Name and Titl Address	e: Shabreal Lasseter, CEO 2951 15th Ave South Saint Petersburg, Fl. 33712 e: Bryant Sanders Jr., Secretary 1260 23rd Street South St. Petersburg, Fl. 33712	Name and Title: Address: Name and Title:	nd appointed:	ГЕ
Name and Titl Address Name and Titl Address	e: Shabreal Lasseter, CEO 2951 15th Ave South Saint Petersburg, Fl. 33712 e: Bryant Sanders Jr., Secretary 1260 23rd Street South St. Petersburg, Fl. 33712	Name and Title: Address: Name and Title: Address:	nd appointed:	ГЕ

Name and Title	2:	Name and Title:		
Address		Address:		
Name and Title	v:	Name and Title:		
Address		Address:	 	
	 -			
ARTICLE VI	REGISTERED AGENT			
The name and	Florida street address (P.O. Box NO	T acceptable) of the registered age		
Name:	Shabreal Lasseter		202 1A1	
Address:	2951 15th Ave South		2022 DEC -6 AM 10: 21	7
	St. Petersburg, Fl. 33712			;·
	-			1
ARTICLE VII			AM 10: 21	
The name and	address of the Incorporator is:		02.	, ,
Name:	Shabreal Lasseter		<u> </u>	ĺ
Address:	2951 15th Ave South			
	St. Petersburg, Fl. 33712			
ARTICLE VIII	EFFECTIVE DATE:	12/1/2022		
Effective date,	if other than the date of filing: date is listed, the date must be spec		TIONAL)	e1: \
	·			27
Note: If the da document's effe	te inserted in this block does not mee ective date on the Department of State	t the applicable statutory filing re e's records.	quirements, this date will not be liste	d as the
Having been no certificate, Lam	amed us degistered agent to accept s familian with and accept the appoints	ervice of process for the above s pent as registered agent and agre	tated corporation at the place design e to act in this capacity	rated in this
i	had Janet	e R	11/30/2022	
	Required Signature of Reg	istered Agent	Date	
I submit this do	cument and affirm that the facts stated	I herein are true. I am aware that	any false information submitted in a	document to
ine Department	of State konstitutes a third degree feld	ony as provided for in 8.817.155, 1	".S.	
	120 real fani	rek	11/30/200	
\	Required Signature of	Incorporator	Date	_

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

<u>ARTICLE</u>	EII PRINCIPAL OFFICE		
2	Principal <u>street</u> address: 951 15th Ave South	Mailing address, if different is:	
	III PURPOSE se for which the corporation is organized is resources for the betterment of the people a	Healing Beauty CommUNITY Practice INC. is a corporation that focused the commUNITY	ıses
		2022 DEC	
		N: EC -6	7
-			
		Er. 3	
ARTICLE	IV MANNER OF ELECTION The m	nner in which the directors are elected and appointed.	Ξ
ARTICLE	IV MANNER OF ELECTION The m	nner in which the directors are elected and appointed: POPUEAR VOTE	E
		inner in which the directors are elected and appointed:	
ARTICLE ARTICLE Name and 1	V INITIAL OFFICERS AND/OR DIR	CCTORS	
4RTICLE	V INITIAL OFFICERS AND/OR DIR	inner in which the directors are elected and appointed:	
ARTICLE Name and 1	V INITIAL OFFICERS AND/OR DIR	CTORS Name and Title:	
ARTICLE Name and 1	V INITIAL OFFICERS AND/OR DIRECTION Shabreal Lasseter, CEO 2951 15th Ave South Saint Petersburg, Fl. 33712	CTORS Name and Title:	
ARTICLE Name and T	V INITIAL OFFICERS AND/OR DIRECTION Shabreal Lasseter, CEO 2951 15th Ave South Saint Petersburg, Fl. 33712	Name and Title: Address:	
ARTICLE Name and T Address	V INITIAL OFFICERS AND/OR DIRECTION Shabreal Lasseter, CEO 2951 15th Ave South Saint Petersburg, Fl. 33712 Sitle: Bryant Sanders Jr., Secretary	Name and Title: Name and Title:	
ARTICLE Name and Tackets Name and Tackets	V INITIAL OFFICERS AND/OR DIRECTION Shabreal Lasseter, CEO 2951 15th Ave South Saint Petersburg, Fl. 33712 Bryant Sanders Jr., Secretary 1260 23rd Street South	Name and Title: Name and Title:	
ARTICLE Name and Tackets Name and Tackets	V INITIAL OFFICERS AND/OR DIRECTION: Shabreal Lasseter, CEO 2951 15th Ave South Saint Petersburg, Fl. 33712 Bryant Sanders Jr., Secretary 1260 23rd Street South St. Petersburg, Fl. 33712	Name and Title: Name and Title: Address: Address:	

Name and Titl	le:	Name and Title:	
Address		Address:	
Name and Titl Address	le:		
ARTICLE VI The name and	REGISTERED AGENT Florida street address (P.O. Box NO Shabreal Lasseter	OT acceptable) of the registered agent	is:
Name:			
Address:	2951 15th Ave South	· · · · · · · · · · · · · · · · · · ·	
	St. Petersburg, Fl. 33712		202
ARTICLE VII The name and Name: Address:	INCORPORATOR address of the Incorporator is: Shabreal Lasseter 2951 15th Ave South		2022 DEC -6 AM 10: 27
Address.	St. Petersburg, Fl. 33712		onlo
Effective date.	I EFFECTIVE DATE: if other than the date of filing: e date is listed, the date must be spe	12/2/2022 (OPT	IONAL) e days prior or 90 days after the filing.)
Note: If the da locument's effe	ite inserted in this block does not mee ective date on the Department of Stat	et the applicable statutory filing reque's records.	irements, this date will not be listed as the
laving been no ertificate, I am	amed as legistered apent to accept s a familian with and accept the appoint	service of process for the above sta ment as registered agent and agree i	ted corporation at the place designated in this to act in this capacity
Ĺ	huhal Janet	ek	11/30/2022
	Required Signature of Reg	. J	Date
submit this doe he Department	cument and affirm that the facts state of State constitutes a third degree fel	d herein are true. I am aware that at onwas provided for in < 817 155 F S	ny false information submitted in a document to C
1	hadroa Wine	tel	11/30/200
	Required Signature o	f Incorporator	Date