

N23000014482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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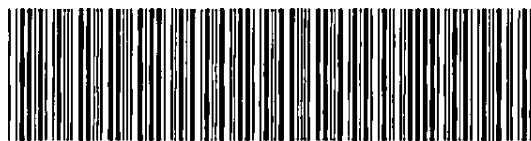
(Business Entity Name)

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COVER LETTER

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

SUBJECT: CENTER FOR HEALING INTERVENTIONS, 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: KAREN A FISHER
Name (Printed or typed)

4460 HODGES BLVD #1714
Address

JACKSONVILLE, FL 32224
City, State & Zip

(401) 363-2647
Daytime Telephone number

ADDICTIONWARRIOR@AOL.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: CENTER FOR HEALING INTERVENTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4460 HODGES BLVD #1714

JACKSONVILLE, FL

32224

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: NOT FOR PROFIT CORPORATION UNDER CHAPTER 617 FLORIDA
STATUTES AND FOR PUBLIC BENEFIT WITHIN THE MEANING OF SECTION 501 (C) (3) OF THE INTERNAL
REVENUE CODE TO PROVIDE PROGRAMS AND/OR SERVICES FOR INDIVIDUALS ADVERSELY AFFECTED
BY SUBSTANCE USE DISORDERS.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ANNUAL MEETING

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FISHER, KAREN A

Address: PRESIDENT

4460 HODGES BLVD #1714

JACKSONVILLE, FL 32224

Name and Title: FISHER, DIRK

Address: TREASURER

4460 HODGES BLVD #1714

JACKSONVILLE, FL 32224

Name and Title: FISHER, FARRAH

Address: CLERK

409A HART ST #2

BROOKLYN, NY 11221

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2023 NOV 27 AM 11:55

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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: KAREN A FISHER
Address: 4460 HODGES BLVD #1714
JACKSONVILLE, FL 32224

ARTICLE VII INCORPORATOR

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

Name: KAREN A FISHER
Address: 4460 HODGES BLVD #1714
JACKSONVILLE, FL 32224

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/20/2023 (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

Karen A. Fisher
Required Signature of Registered Agent

11/20/2023
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.

Karen A. Fisher
Required Signature of Incorporator

11/20/2023
Date

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SECRETARY OF STATE
TALLAHASSEE, FL