

N23000614737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

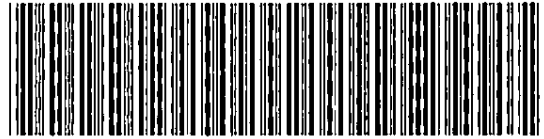
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: EPIC Healing NPO 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: Renee Hahn

Name (Printed or typed)

112 PALM CIR

Address

MELBOURNE FL 32940-7203

City, State & Zip

(321) 848-2219

Daytime Telephone number

atlasdrrenee@gmail.com

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

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

09:58

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

ARTICLE I NAME

The name of the corporation shall be: EPIC Healing NPO Inc

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address:	Mailing address, if different is:
<u>112 PALM CIR</u>	<u></u>
<u>MELBOURNE FL 32940-7203</u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: EPIC Healing NPO is here to assist people in taking charge of their personal health and wellness by providing cause and effect education. We will provide proven EPIC chiropractic sound wave technology to help people heal and live healthier lives.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As per the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Renee Hahn, President</u>	Name and Title: <u>Derecca Danesh, Director</u>
Address: <u>112 PALM CIR</u>	Address: <u>112 PALM CIR</u>
<u>MELBOURNE FL 32940-7203</u>	<u>MELBOURNE FL 32940-7203</u>
<u></u>	<u></u>
Name and Title: <u>Victoria Hahn, Treasurer & Secretary</u>	Name and Title: <u>James White, Director</u>
Address: <u>112 PALM CIR</u>	Address: <u>112 PALM CIR</u>
<u>MELBOURNE FL 32940-7203</u>	<u>MELBOURNE FL 32940-7203</u>
<u></u>	<u></u>
Name and Title: <u>Jenyse White, Director</u>	Name and Title: <u></u>
Address: <u>112 PALM CIR</u>	Address: <u></u>
<u>MELBOURNE FL 32940-7203</u>	<u></u>
<u></u>	<u></u>

5:19:53



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: Renee Hahn

Address: 112 PALM CIR
MELBOURNE FL 32940-7203

ARTICLE VII INCORPORATOR

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

Name: Renee Hahn

Address: 112 PALM CIR
MELBOURNE FL 32940-7203

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

Renee Hahn

Required Signature of Registered Agent

11 / 09 / 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.

Renee Hahn

Required Signature of Incorporator

11 / 09 / 2023

Date

11/09/2023