

N9900005664

TRANSMITTAL LETTER

99 SEP 20 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

500002991085--3  
-09/20/99--01086--012  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: ~~Natural Healing Foundation, Inc.~~  
(Proposed corporate name must include suffix)

ALTERNATIVE HEALING ASSOCIATES, Inc.

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: Stephanie J. Ward  
Name (Printed or typed)

Stephanie Ward GAVE 308 N.W. 19 ST.  
Address

AUTHORIZATION BY PHONE TO

CORRECT Article IV Homestead, FL 33030  
& cop name City, State & Zip

DATE 9/23/99  
DAYTIME (305) 246-5183 / (305) 247-8178  
Daytime Telephone number

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

PA 9/23/99

**ARTICLES OF INCORPORATION**  
**(NOT FOR PROFIT)**

FILED  
99 SEP 20 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

**ARTICLE I NAME**

The name of the corporation shall be:

ALTERNATIVE HEALING ASSOCIATES, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

100 N.E. 15th Street, Suite 103B  
Homestead, FL 33030

**ARTICLE III PURPOSE(S)**

The specific purposes for which the corporation is organized are:

For the purpose of obtaining funding to advise and treat persons for the promotion, maintenance and restoration of health and the prevention of disease.

**ARTICLE IV MANNER OF ELECTION OF DIRECTORS**

The manner in which the directors are elected are as stated in the bylaws.

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are:

Richard S. Ward  
308 N. W. 19th Street  
Homestead, FL 33030

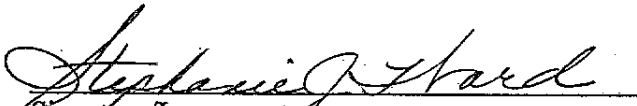
FILED

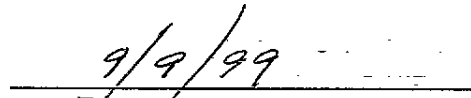
**ARTICLE VI INCORPORATOR**

99 SEP 20 AM 11: 58


The **name and address** of the Incorporator to these Articles of Incorporation are **SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

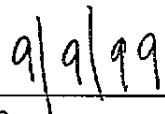
Stephanie J. Ward  
308 N. W. 19th Street  
Homestead, FL 33030

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date