

Charter Number Only

ALL INFORMATION ONLY

Requestor's Name

Address

City

State

ZIP

Phone

CORPORATION(S) NAME

500004596525--3  
-09/18/01--01014--015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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-09/18/01--01014--015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Integrative Healing Therapies, Inc



Empire Toll Free: 1-800-432-3028

RECEIVED  
01 SEP 18 AM 9:21  
DIVISION OF CORPORATION

FILED  
01 SEP 18 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Profit         | <input type="checkbox"/> Amendment          | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                 | <input type="checkbox"/> Dissolution        | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Annual Report      | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Reservation        | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement             | <input type="checkbox"/> Photo Copies       | <input type="checkbox"/> Certificate Under Seal     |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call If Problem    | <input type="checkbox"/> After 4:30                 |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Will Wait          | <input type="checkbox"/> Mail Out                   |
| <input checked="" type="checkbox"/> Walk In        | <input checked="" type="checkbox"/> Pick Up |   |

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Acknowledgment	
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Certified Copy.

# ARTICLES OF INCORPORATION

of

Integrative Healing Therapies, Inc.  
(name of corporation)

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01 SEP 18 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

Integrative Healing Therapies, Inc.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 100 ~~1000~~ one hundred shares ( ) of one Dollar(s) (\$ 1 ) par value Common Stock, which shall be designated "Common Shares".

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>Lisa Ellen Wieczorek</u>		
ADDRESS	<u>17604 90th St. North</u>		
CITY	<u>Loxahatchee</u>	FLORIDA	<u>Fl.</u>
			ZIP <u>33470</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>Lisa Ellen Wieczorek</u>		
ADDRESS	<u>17604 90th St. North</u>		
CITY	<u>Loxahatchee</u>	FLORIDA	<u>Fl.</u>
			ZIP <u>33470</u>

# ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have 1 (One) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>Lisa Ellen Wierczorek</u>		
ADDRESS	<u>17604 90th St. N.</u>		
CITY	<u>Loxahatchee</u>	STATE	<u>FL.</u> ZIP <u>33470</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	<u>Lisa Ellen Wierczorek</u>		
ADDRESS	<u>17604 90th St. N.</u>		
CITY	<u>Loxahatchee</u>	STATE	<u>FL.</u> ZIP <u>33470</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 17 day of September 2001

Lisa Ellen Wierczorek (Seal)  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)

CERTIFICATE AND KNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT  
OF

Integrative Healing Therapies, Inc.  
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 17604 90th St. North

Loxahatchee, Fl. 33470

has named Lisa Ellen Wiczorek

located at the aforesaid address, as its Registered Agent to accept service of process within  
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated  
corporation at the place designated in this certificate, and being familiar with the obliga-  
tions of that position, I hereby accept to act in this capacity, and agree to comply with the  
provisions of Florida Law in keeping open said office.

Lisa Ellen Wiczorek  
(registered agent)

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11 SEP 18 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA