

TRANSMITTAL LETTER

P02000026656

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

FILED  
02 MAR -8 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: HARMONY Holistic Healing Center Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700004990597--2  
-02/22/02--01032--022  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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 of Status  
**ADDITIONAL COPY REQUIRED**

FROM: Francine Camp  
Name (Printed or typed)

2149 Bonnie Drive  
Address

West Palm Beach Flc. 33415  
City, State & Zip

(561) 642-2833  
Daytime Telephone number

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

2002-5576

DB 3/18 ✓



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

February 26, 2002

FRANCINE CAMP  
2149 BONNIE DRIVE  
WEST PALM BEACH, FL 33415

SUBJECT: HARMONY HOLISTIC HEALING CENTER INC.  
Ref. Number: W02000005576

We have received your document for HARMONY HOLISTIC HEALING CENTER INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown  
Document Specialist  
New Filings Section

Letter Number: 202A00011932

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Harmony Holistic Healing Center Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2149 Bonnie Drive  
West Palm Bch. Fla. 33415

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful bussiness

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Francine Camp  
2149 Bonnie Drive  
West Palm Beach Fla. 33415

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Francine Camp  
2149 Bonnie Drive  
West Palm Beach Fla. 33415

\*\*\*\*\*  
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

Francine Camp  
Signature/Registered Agent

3/4/02  
Date

Francine Camp  
Signature/Incorporator

3/4/02  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA