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(Requestor's Name)

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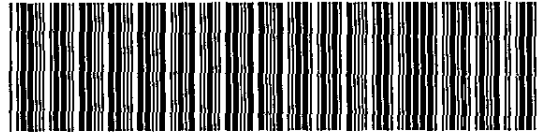
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: NATURAL HEALING CLINIC, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:

PATRICIA CHUN

Name (Printed or typed)

497 WEKIVA PRESERVE DR.

Address

APOKA, FLORIDA 32712

City, State & Zip

(407) 886-0889

Daytime Telephone number

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

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03 AUG 14 AM 10:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: "Natural Healing Clinic, Inc"

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 370 CenterPointe Cir #1124 Altamonte Springs, Fl 32701

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To offer Acupuncture Treatment

ARTICLE IV SHARES

The number of shares of stock is: One Hundred (100) at One Dollar per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):

Patricia Chun, President 497 Wekiva Preserve Dr, Apopka, Fl 32712

ARTICLE VI REGISTERED AGENT

The Name and Florida street address of the registered agent is: Patricia Chun 497 Wekiva Preserve Dr,
Apopka, Fl 32712

ARTICLE VII INCORPORATOR The Name and address of the Incorporator is: Patricia Chun, 497

Wekiva Preserve Dr, Apopka, Fl 32712

* 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

Signature/Registered Agent

Patricia Chun
PATRICIA CHUN

Date

8/6/03

Signature/Incorporator

Patricia Chun
PATRICIA CHUN

Date

8/6/03