

P04000060753

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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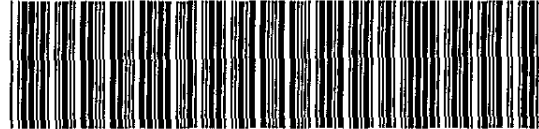
(Business Entity Name)

(Document Number)

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04 APR -9 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

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## TRANSMITTAL LETTER

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

SUBJECT: The SANCTUARY 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 of  
Status

ADDITIONAL COPY REQUIRED

FROM:

MRS Christine Ralowski  
Name (Printed or typed)

4201 N. State Rd 7.  
Address

David Lakes FL 33319  
City, State & Zip

(954) 676-5508  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 5, 2004

CHRISTINE RALOWSKI  
4201 N STATE RD 7  
LAUDERDALE LAKES, FL 33319

SUBJECT: THE SANCTUARY INC.  
Ref. Number: W04000013204

We have received your document for THE SANCTUARY INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The attached form must be completed in order to file the document.

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) 245-6965.

Dorine Martin  
Document Specialist  
New Filings Section

Letter Number: 304A00022156

# 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:

The Sanctuary Health and Wellness Center Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4201 N. State Rd 7,  
Land Lakes FL 33319

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Healthcare - massage,

## 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):

Christine Falowski - Pres./Secretary  
4201 N. State Rd 7,  
Land Lakes FL 33319

## ARTICLE VI REGISTERED AGENT

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

Christine Falowski  
4201 N. State Rd 7,  
Land Lakes FL 33319

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Christine Falowski  
4201 N. State Rd 7,  
Land Lakes FL 33319

\*\*\*\*\*  
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

Signature/Incorporator

Date

Date

FILED  
04 APR -9 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA