

PD4000098264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

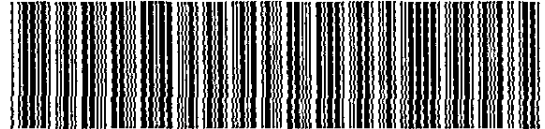
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## TRANSMITTAL LETTER

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

**SUBJECT:** HEALING ARTS RESEARCH AND TRAINING INSTITUTE, 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:**

MAUREEN J. KENNEDY

\_\_\_\_\_  
Name (Printed or typed)

7143 SR 54 SUITE #120

\_\_\_\_\_  
Address

NEW PORT RICHEY, FL. 34653

\_\_\_\_\_  
City, State & Zip

727-372-7011

\_\_\_\_\_  
Daytime Telephone number

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

# 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:

HEALING ARTS RESEARCH AND TRAINING INSTITUTE, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7143 SR54 SUITE # 120  
NEW PORT RICHEY, FL 34653

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RESEARCH AND TRAINING

## 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):

MAUREEN J. KENNEDY, PRESIDENT, SECRETARY, AND TREASURER

## ARTICLE VI REGISTERED AGENT

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

MAUREEN J. KENNEDY

7143 SR 54 SUITE # 120

N NEW PORT RICHEY, FL 34653

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

7143 SR54 SUITE # 120

NEW PORT RICHEY, FL 34653

Maureen J. Kennedy

\*\*\*\*\*

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

Maureen J. Kennedy  
Signature/Registered Agent

6/15/04  
Date

Maureen J. Kennedy  
Signature/Incorporator

6/15/04  
Date