

P04000124004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

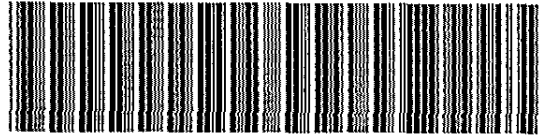
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 27 PM 3:25

FILED

TH 8/27/04

TRANSMITTAL LETTER

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

SUBJECT: Healing Divas 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: Alexa St. John
Name (Printed or typed)

13651 Gulf Breeze St.
Address

Fort Myers, FL 33907
City, State & Zip

239-297-2272
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Healing Divas Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

13651 Gulf Breeze St. Fort Myers FL 33907

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any Activity permitted and transact any or all lawfull business for which corps may be incorporated under Chapter 607 Fs.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Alexa St. John President
13651 Gulf Breeze St.
Fort Myers, FL 33907

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Alexa St. John
13651 Gulf Breeze St.
Fort Myers, FL 33907

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alexa St. John
13651 Gulf Breeze St.
Fort Myers, FL 33907

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

Alexa St. John
Signature/Registered Agent Alexa St. John

8/18/4
Date

Alexa St. John
Signature/Incorporator Alexa St. John

8/18/4
Date