

P05000152868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

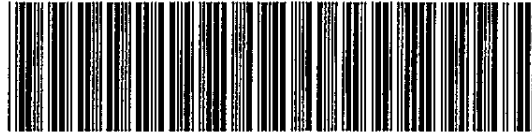
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
05 NOV 16 PM 2:13

MRD  
11/17

## COVER LETTER

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

SUBJECT: Eagle Pines Health Retreat, 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: Bruce Houran

Name (Printed or typed)

4997 Tamiami Trail East

Address

Naples, FL 34113

City, State & Zip

(239) 732-0422

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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**ARTICLE I NAME**

The name of the corporation shall be:

Eagle Pines Health Retreat, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4997 Tamiami Trail East, Naples, FL 34113

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The development and operation of holistic health retreats

**ARTICLE IV SHARES**

The number of shares of stock is:

7,500 Shares of Internal Revenue Code Section 1244 common stock.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Bruce Houran - 4997 Tamiami Trail East, Naples, FL 34113 - President/Secretary/Treasurer

**ARTICLE VI REGISTERED AGENT**

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

Bruce Houran - 4997 Tamiami Trail East, Naples, FL 34113

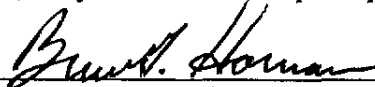
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Bruce Houran - 4997 Tamiami Trail East, Naples, FL 34113

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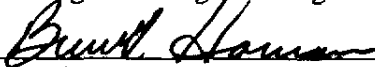
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



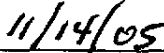
Signature/Registered Agent



Date



Signature/Incorporator



Date