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Division of Corporations

Fax Number : (850)205-0381

Account Name :: YOUR CAPITAL CONNECTION, INC.

Account Number: I20000000257 Phone : (850)224-8870

Fax Number : (850)224-7047

FLORIDA PROFIT/NON PROFIT CORPORATION

INTEGRATIVE HEALING STRATEGIES, INC.

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ARTICLES OF INCORPORATION

SECRETARY O. STATE TALLAHASSEE, FLORIDA

OF

Integrative Healing Strategies, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is Integrative Healing Strategies, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 13113 SE Hobe Hills Drive, Hobe Sound, FL 33455.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having nopar value.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Wendy A. Williams, 13113 SE Hobe Hills Drive, Hobe Sound, FL 33455.

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ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL OFFICERS AND DIRECTORS

The name and address of the initial Officer and Director of the corporation is P/T Pamela J. Dempsey, 3100 N. A1A, PHB-3, Ft. Pierce, FL 34949. VP/S Wendy A. Williams, 13113 Hobe Hills Drive, Hobe Sound, FL 33455.

The undersigned has executed these Articles of Incorporation this 25th day of June 2007.

"Capital Connection by: Leilani White, Client Representative"

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1,	The name of the corporation is: <u>Integrative Healing Strategies, Inc.</u>
2.	The name and street address of the registered agent and office is: Wendy A. Williams of
<u>13113</u>	SE Hobe Hills Drive, Hobe Sound, FL 33455
HAVI	NG BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROC	ESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN
	CERTIFICATE, 1 HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT
AND	AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE
	ISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE
PERF	ORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE
OBLI	GATIONS OF MY POSITION AS REGISTERED AGENT.
	Registered Agent: Wendy A. Williams
	Date:
	ZOO7

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