P0800086307

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200135079572

09/02/08--01046--009 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9:11 WY 61 43S 80

APPROVED

W08-40957

B. McKnight SEP 1 9 2008

COVER LETTER

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

SUBJECT:	Tree of Heals	th Theracepi	· \
Solution.	(PROPOSED CORPORA	TE NAMÉ – <u>MUST INCL</u>	UNE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	132 Ross	BEVAN (Printed or typed) NAME WA Address	ne
••	407 474.	State & Zip - 1054 Telephone number	<u> </u>

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



September 4, 2008

MARLA BEVAN 132 ROSS LAKE LANE SANFORD, FL 32771

SUBJECT: TREE OF HEALTH THERAPY CENTER, INC.

Ref. Number: W08000040957

We have received your document for TREE OF HEALTH THERAPY CENTER, 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 document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected 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) 245-6931.

Letter Number: 408A00048661

Becky McKnight Regulatory Specialist II New Filing Section

ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
The name of the corporation shall be: There of Health Therapy Center, Inc.	
ARTICLE II PRINCIPAL OFFICE	
The principal street address and mailing address, if different is:	
132 Posshare 201 Bellagio Circle	
132 POSS LANGE 209 Bellagio Ciacle SANGORD, FL 32777 SANGORD, FL 32771	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Any and all I wwful business	
ARTICLE IV SHARES The number of shares of stock is:	٠.
	P
1.000 m- m-	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
List name(s), address(es) and specific title(s):	
MARKA BEVAN, GREADAU BEVAN	
132 Ross Likhe have 132 Ross Likhe have	
SAMPORD, FL 32771 SAMFORD, FL 32771	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:	
MARKA BEVAN	
209 Bellagio Ciacle	
ARTICLE VII INCORPORATOR	•
The name and address of the Incorporator is:	
NARLA BEVAN	
13a Ross Lake Lane Sanford FL 32771	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I funfamiliar with and accept the appointment as registered agent and agree to act in this capacity	s
March 1 Dana	
- / 15108 - 4 115108	
Signature/Registered Agent Date	

Signature/Incorporator

## Article VI - Registered Agent

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Marla Bevan

OB SEP 19 AM 11:51