

P110000048990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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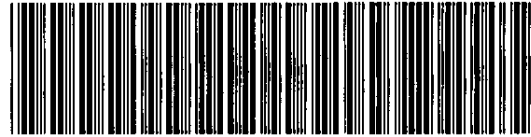
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/23/11--01018--023 **78.75

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2011 MAY 23 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC
5-24-11

COVER LETTER

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

SUBJECT: Willow Tree Healing Arts, 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: Christina Stahler Moore

Name (Printed or typed)

4003 W. San Rafael Street

Address

Tampa, FL 33629

City, State & Zip

813-770-6409

Daytime Telephone number

cmoooremassage@gmail.com

E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FL 32310

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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: Willow Tree Healing Arts, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4003 W. San Rafael Street
Tampa, FL 33629

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This company is organized for the purpose of and shall have the power to engage in any activity or business authorized under the Florida Statutes and, in general, to carry on any and all incidental business, to have and exercise all the powers conferred by the laws of the State of Florida, and to do any and all things set forth in these Articles to the same extent as a natural person might or could do.

ARTICLE IV SHARES

The number of shares of stock is: The maximum number of shares this Corporation is authorized to issue is 500, all of which shall be Common Shares. All common Shares shall be identical with each other in every respect and the holders of Common Shares shall be entitled to one vote for each share on the matters on which shareholders have the right to vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christina Stahler Moore, LMT
Address: 4003 W. San Rafael Street
Tampa, FL 33629

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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


Name: Christina Stahler Moore
Address: 4003 W. San Rafael Street
Tampa, FL 33629

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christina Stahler Moore
Address: 4003 W. San Rafael Street
Tampa, FL 33629

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


Required Signature/Registered Agent

5/10/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

5/10/11
Date

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TALLAHASSEE, FLORIDA