

PI20000004660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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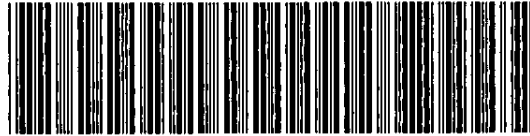
(Business Entity Name)

(Document Number)

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

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12 JAN 12 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
1/13/12

## COVER LETTER

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

**SUBJECT:** Integrated Healing Bodywork, 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:** Patricia A. Star

Name (Printed or typed)

1320 Charlotte Ave.

Address

Sarasota, FL 34239

City, State & Zip

941-356-7768

Daytime Telephone number

visionsmrk@gmail.com

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

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

**ARTICLE I NAME** Integrated Healing Bodywork, Inc.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1320 Charlotte Ave.  
Sarasota, FL 34239

same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose for which this corporation is organized is to engage in any lawful act or activity for which a corporation may be organized under the Florida Business Corporation Act.

**ARTICLE IV SHARES**

The number of shares of stock is: 7,000,000

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

Name and Title: Patricia A. Star, Ms. Title: Pres

Address: 1320 Charlotte Ave.  
Sarasota, FL 34239

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: Patti A. Star, MS.

Address: 1320 Charlotte Ave.  
Sarasota, FL 34239

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Patti Star

Address: 1320 Charlotte Ave.  
Sarasota, FL 34239

*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

12/31/11

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

12/31/11

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA