

P12000046988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

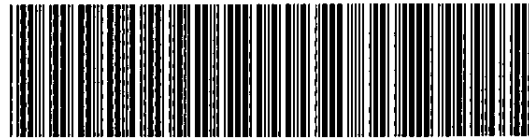
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W2-25542

FILED
12 MAY 21 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAY 22 2012

COVER LETTER

RECEIVED

12 MAY -7 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Florida Hypnotherapy Center, 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: Jeanne Grimes

Name (Printed or typed)

13500 Sutton Park Dr. S. Suite 602

Address

Jacksonville, FL 32224

City, State & Zip

(904) 248-2025

Daytime Telephone number

jeannergrimes@floridahypnotherapycenter.net

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2012

JEANNE GRIMES
13500 SUTTON PARK DR S STE 602
JACKSONVILLE, FL 32224

SUBJECT: FLORIDA HYPNOTHERAPY CENTER, INC.
Ref. Number: W12000025542

We have received your document for FLORIDA HYPNOTHERAPY CENTER, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

Filing Fees	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

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) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 612A00013777

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Florida Hypnotherapy Center, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
13500 Sutton Park Dr. S. Suite 602
Jacksonville, FL 32224

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeanne Grimes
Address: 13500 Sutton Park Dr. S. #602
Jacksonville, FL 32224

Name and Title: Jerad Grimes
Address: 12999 Chelsea Harbor Dr. S.
Jacksonville, FL 32224

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:

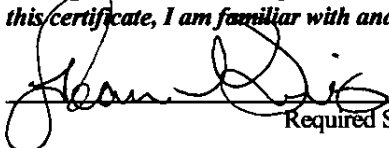
Name: Jeanne Grimes
Address: 13500 Sutton Park Dr. S. #602
Jacksonville, FL 32224

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeanne Grimes
Address: 13500 Sutton Park Dr. S. #602
Jacksonville, FL 32224

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

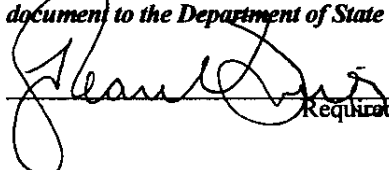


Required Signature/Registered Agent

4/1/12

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

4/1/12

Date