

P14000015075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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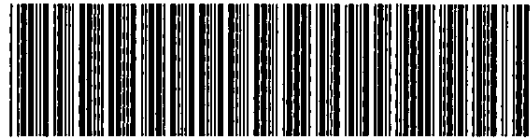
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/14/14--01004--020 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 14 AM 11:09

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COVER LETTER

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

SUBJECT: EMOTIONAL HEALING SYSTEMS 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: SJ COOPER & ASSOCIATES
Name (Printed or typed)
4001 SANTA BARBARA BLVD # 366
Address
NAPLES, FL 34104
City, State & Zip
239-398-3637
Daytime Telephone number
steven@sjcfinance.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME EMOTIONAL HEALING SYSTEMS INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address

834 SE SANDIA DR
PORT ST LUCIE, FL 34983

Mailing address, if different is:

C/O 3269 STURGEON BAY COURT
NAPLES, FL 34120

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provides Health Consulting
and Assistance

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ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JANA FLEMING, PRESIDENT Name and Title: _____

Address 1470 S REXFORD DR Address: _____
APT 105
LOS ANGELES, CA 90035

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

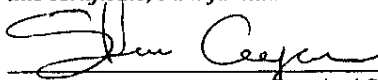
Name: STEVEN COOPER
Address: 4001 SANTA BARBARA BLVD # 366
NAPLES, FL 34104

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: STEVEN COOPER
Address: 4001 SANTA BARBARA BLVD # 366
NAPLES, FL 34104

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

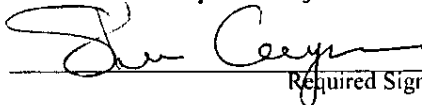


Required Signature/Registered Agent

2/10/2014

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

2/10/2014

Date