

P14000020024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

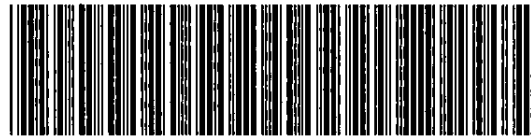
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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K 03/05/14

COVER LETTER

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

SUBJECT: **TRANSFORMATIONAL HEALER 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: **TRANSFORMATIONAL HEALER INC.**

Name (Printed or typed)

1100 EAST ATLANTIC AVE

Address

DELRAY BEACH, FL 33483

City, State & Zip

561 212 2888

Daytime Telephone number

JOAN@TRANSFORMATIONALHEALER.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

The name of the corporation shall be:

TRANSFORMATIONAL HEALER INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

**1100 EAST ATLANTIC AVE
DELRAY BEACH, FL 33483**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OUR PURPOSE IS TO PROVIDE GROUPS, COMPANIES

AND INDIVIDUALS WITH THE SKILLS NECESSARY TO THRIVE IN TODAYS

MARKET PLACE AND SOCIETY. GUIDANCE, SKILLSETS AND TECHNIQUES ARE

FEATURED THROUGH THE USE OF NEW AND ANCIENT HEALING

MODALITIES.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

JOAN C ROTH

Name and Title:

Address

**1100 EAST ATLANTIC AVE
DELRAY BEACH, FL 33483**

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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FALLAHADT, FLORIDA

(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: JOAN C ROTH

Address: 1100 EAST ATLANTIC AVE

DELRAY BEACH, FL 33483

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOAN C ROTH

Address: 1100 EAST ATLANTIC AVE

DELRAY BEACH, FL 33483

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

Joan C. Roth

Required Signature/Registered Agent

1/3/14

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.

Joan C. Roth

Required Signature/Incorporator

1/3/14

Date