

P/4000054739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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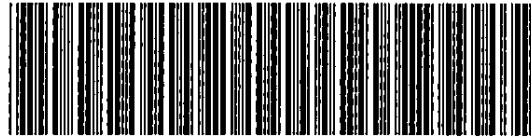
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUN 23 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 06/24/14

COVER LETTER

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

SUBJECT: HYPNOTHERAPY SOLUTIONS, 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: LESLIE ZABLASKAI
Name (Printed or typed)
4420 BOTANICAL PLACE #303
Address
NAPLES, FL 34112
City, State & Zip
(239) 269-1177
Daytime Telephone number
ZABLASKAI@AOL.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 **HYPNOTHERAPY SOLUTIONS, INC.**

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4420 BOTANICAL PLACE #303

NAPLES, FL 34112

ARTICLE III PURPOSE

TO PROVIDE HYPNOTHERAPY SERVICES TO THE

The purpose for which the corporation is organized is: _____
GENERAL PUBLIC

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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: **LESLIE ZABLASKAI**
Address: **4420 BOTANICAL PLACE #303**
NAPLES, FL 34112

Name and Title: **PRESIDENT**
Address: _____

Name and Title: **RAYMOND PASSERI**
Address: **10482 GULF SHORE DR #233**
NAPLES, FL 34110

Name and Title: **VICE PRESIDENT**
Address: _____

Name and Title: **JOHN MYLES**
Address: **13253 WEDGEFIELD DR**
NAPLES, FL 34110

Name and Title: **SECRETARY/TREASURER**
Address: _____

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:

LESLIE ZABLASKAI

Name: _____

4420 BOTANICAL PLACE #303

Address: _____

NAPLES, FL 34112

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN MYLES

Name: _____

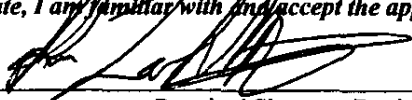
13253 WEDGEFIELD DR

Address: _____

NAPLES, FL 34110

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TALLAHASSEE, FLORIDA

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

6/20/14

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.



Required Signature/Incorporator

6/20/14

Date