

P/400006/580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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2014 JUL 21 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: NATURAL HEALING CENTER OF WPB, 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: THI THANH MINH TRAN  
Name (Printed or typed)

11649 46<sup>th</sup> PLACE  
Address

ROYAL PALM BEACH, FL 33411  
City, State & Zip

561-533-8985  
Daytime Telephone number

MTRAN@BellSouth.net  
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: NATURAL HEALING CENTER OF WPB, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7414 S. DIXIE HWY  
WEST PALM BEACH,  
FL 33405

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

NATURAL HEALING SERVICES.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000.

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TALLAHASSEE, FLORIDA

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

Name and Title: THI THANH MINH TRAN PRESIDENT/SEC./TREAS.

Address: 11649 46th PLACE Address: \_\_\_\_\_  
ROYAL PALM BEACH, \_\_\_\_\_  
FL 33411 \_\_\_\_\_

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:

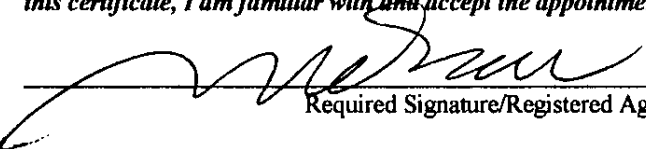
Name: THI THANH MINH TRAN  
Address: 11649 46th PLACE  
ROYAL PALM BCH. FL 33411

**ARTICLE VII INCORPORATOR**

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

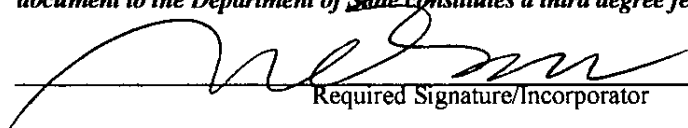
Name: THI THANH MINH TRAN  
Address: 11649 46th PLACE  
ROYAL PALM BCH, FL 33411

*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

6/30/2014  
\_\_\_\_\_  
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

6/30/2014  
\_\_\_\_\_  
Date