

P1500009258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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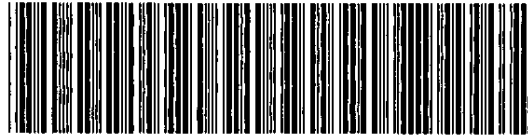
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/13/15--01010--013 **78.75

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15 AUG 13 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/20/15

COVER LETTER

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

HORMONES IN HARMONY, INC

SUBJECT: _____
(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: KEISHA EBERWEIN
Name (Printed or typed)
8585 SUNSET DRIVE , SUITE 103
Address
MIAMI, FL 33143
City, State & Zip
305-670-2131
Daytime Telephone number
keyedoc@hotmail.com
E-mail address: (to be used for future annual report notification)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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

Hormones In Harmony, Inc.

The name of the corporation shall be: _____

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ARTICLE II PRINCIPAL OFFICE

Principal street address

8585 SUNSET DRIVE

Mailing address, if different is: _____

SUITE 103

MIAMI, FL 33143

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

1000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KEISHA EBERWEIN, PST

Name and Title: _____

Address 8585 SUNSET DRIVE

Address: _____

SUITE 103

MIAMI, FL 33143

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ 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:

Name: KEISHA EBERWEIN
Address: 8585 SUNSET DRIVE, SUITE 103
MIAMI, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KEISHA EBERWEIN
Address: 8585 SUNSET DRIVE, SUITE 103
MIAMI, FL 33143

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TALLAHASSEE, FLORIDA


ARTICLE VIII EFFECTIVE DATE: 08/04/2015

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

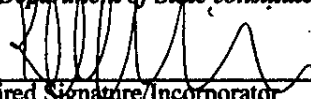
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

8/8/15
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

8/8/15
Date