

P16000021296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

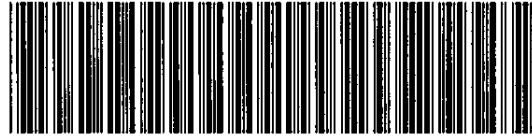
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

~~W16-14482~~

Office Use Only



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02/18/16--01009--003 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR - 7 AM 7:53

APPROVED  
AND  
FILED

1/17

## COVER LETTER

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

**SUBJECT:** LCF HOLISTIC INITIATIVE 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:** LAUREEN C FAULKNER  
Name (Printed or typed)  
139 N PALMETTO AVENUE  
Address  
FLAGLER BEACH FL 32136  
City, State & Zip  
396-439 6125  
Daytime Telephone number  
lfaulkner72@cfi.rr.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 26, 2016

LAUREEN C FAULKNER  
139 N PALMETTO AVENUE  
FLAGLER BEACH, FL 32136

SUBJECT: LCF HOLISTIC INITIATIVE INC  
Ref. Number: W16000014482

We have received your document for LCF HOLISTIC INITIATIVE INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 516A00004053

**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: LCF HOLISTIC INITIATIVE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

139 N. PALMETTO AVENUE  
FLAGLER BEACH, FL 32136

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: HOLISTIC EDUCATION PROVIDING  
CARE WITH A HOLISTIC NURSING APPROACH.  
AS A LICENSED NURSE I WOULD OVERSEE CLIENT  
CARE WITH VARIOUS HOLISTIC MODALITIES.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 @ \$1.00 each

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

Name and Title:

LAUREN C FAULKNER  
139 N PALMETTO AVE  
FLAGLER BEACH FL  
32136

Name and Title:

PRESIDENT

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR - 7 AM 7:59

APPROVED  
AND  
FILED

APPROVED  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: 16 MAR -7 AM 7:53

Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: LAUREEN C FAULKNER  
Address: 139 N. PALMETTO AVENUE  
FLAGLER BEACH FL 32136

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LAUREEN C FAULKNER  
Address: 139 N PALMETTO AVENUE  
FLAGLER BEACH, FL 32136

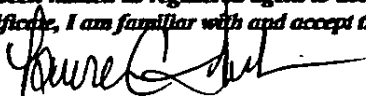
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 2/15/2016 (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*

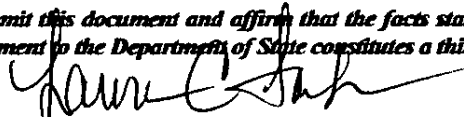


Required Signature/Registered Agent

2/15/2016

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

2/15/2016

Date