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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR - 1 AM 10:11

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AND
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APR 1 2016

S. PRATHER

COVER LETTER

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

SUBJECT: THERAPUTIC HEALING, 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: KRIS I. DOUGHERTY, CPA

Name (Printed or typed)

1111 KANE CONCOURSE, STE 611A

Address

BAY HARBOR ISLANDS, FL. 33154

City, State & Zip

305-868-1333

Daytime Telephone number

KRIS@KIDCPA.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: THERAPUTIC HEALING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9101 E. BAY HARBOR DRIVE #1003

BAY HARBOR ISLANDS, FL. 33154

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUANCARLOS MUGUERCIA, PRESIDENT

Address: 9101 E. BAY HARBOR DRIVE #1003

BAY HARBOR ISLANDS, FL. 33154

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

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: KRIS I DOUGHERTY, CPA
Address: 1111 KANE CONCOURSE 611A
BAY HARBOR ISLANDS, FL. 33154

ARTICLE VII INCORPORATOR

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

Name: JUANCARLOS MUGUERCIA
Address: 9109 E. BAY HARBOR DRIVE # 1003
BAY HARBOR ISLANDS, FL. 33154

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VIII EFFECTIVE DATE:

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

Kris I Dougherty 3.24.16
Required Signature/Registered Agent 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.

[Signature] 3/24/16
Required Signature/Incorporator Date