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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

16 APR - 1 AM 10:11

APPROVED  
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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**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, PRESIDE

Name and Title: \_\_\_\_\_

Address: 9101 E. BAY HARBOR DRIVE #1003

Address: \_\_\_\_\_

BAY HARBOR ISLANDS, FL. 33154

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

APPROVAL  
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

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 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