

P160000031384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

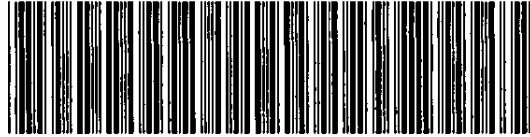
(Business Entity Name)

(Document Number)

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2016 MAR 31 PM 1:47  
TALLAHASSEE FL 0903

APR - 8 2016

T. BROWN

**COVER LETTER**

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

SUBJECT: The Healing Place Counseling 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: Connie G. Branham  
Name (Printed or typed)

1065 Chokecherry Dr.  
Address

Winter Springs FL 32708  
City, State & Zip

(407) 760-5175  
Daytime Telephone number

counselorconniebranham@gmail.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

March 22, 2016

CONNIE G. BRANHAM  
1065 CHOKECHERRY DR  
WINTER SPRINGS, FL 32708

SUBJECT: THE HEALING PLACE COUNSELING INC.  
Ref. Number: W16000021306

We have received your document for THE HEALING PLACE COUNSELING 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

Please return 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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 216A00005832

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: The Healing Place Counseling Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

815 N. Magnolia Avenue  
Orlando FL 32803

Mailing address, if different is:

1065 Chokecherry Dr  
Winter Springs, FL 32708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: mental health counseling,  
counselor supervision, & psycho-education

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Connie Branham

Name and Title: ~~Atter~~ President

Address: 1065 Chokecherry Dr  
Winter Springs  
FL 32708

Address: 1065 Chokecherry Dr  
Winter Springs  
FL 32708

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: Donnie G. Branhorn

Address: 1065 Chokecherry Dr  
Winter Springs FL 32708

**ARTICLE VII INCORPORATOR**

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

Name: Donnie G. Branhorn

Address: 1065 Chokecherry Dr  
Winter Springs FL 32708


**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.)

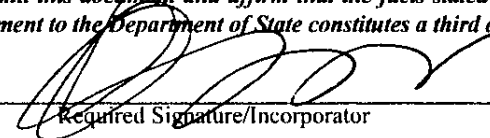
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent

3/9/16  
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

3/9/16  
Date