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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

VH

## COVER LETTER

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

SUBJECT: **ARTEMIS 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: **Diana Dyer**

Name (Printed or typed)

**PO BOX 510251**

Address

**PUNTA GORDA, FL 33951**

City, State & Zip

**863-221-3218**

Daytime Telephone number

**dyerdiana21@gmail.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: **ARTEMIS HEALING, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3778 Albacete Circle  
Punta Gorda, FL.  
33950

Mailing address, if different is:  
P.O. Box 510251  
PUNTA GORDA, FL 33951

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **HEALTH AND NUTRITION**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: DIANA DYER - PRESIDENT

Address: 3778 Albacete Circle  
Punta Gorda, FL.  
33950

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

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

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

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: FRANCO ACCOUNTING AND TAX SERVICE, INC.  
Address: 193 SANTA BARBARA WAY  
PALM BEACH GARDENS, FL 33410

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DIANA DYER  
Address: 3778 Albacete Circle  
Punta Gorda, FL. 33950

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

MAY 2, 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

MAY 2, 2016

Date

FILED  
18 MAY -9 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA