

P/6000082639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

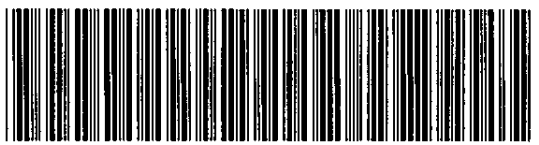
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 OCT 11 PM 2:15

K 10/12/16

COVER LETTER

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

SUBJECT: RED ROAD HOLISTIC HEALTH 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: HOWARD M AMEY
Name (Printed or typed)

706 PONCE DE LEON BLVD
Address

BROOKSVILLE FL 34601
City, State & Zip

727-565-5913
Daytime Telephone number

Redroadholistichealth@yahoo.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: RED ROAD HOLISTIC HEALTH, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

706 Ponce DeLeon Blvd
Brooksville, FL 34601

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide education, support, + services
to members of our community, seeking a holistic health approach to health
+ well being. Services to include: Community Resource Education, Networking
+ Referrals, Psychoeducation + Counseling, Parenting Resources, Yoga +
Meditation, Art + Music Therapy, with continued growth
+ development in the field of holistic health services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Howard Arney, Director

Address: 706 Ponce DeLeon Blvd
Brooksville, FL 34601

~~Name and Title:~~

~~Address:~~

~~Name and Title:~~

~~Address:~~

~~Name and Title:~~

~~Address:~~

~~Name and Title:~~

~~Address:~~

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TALLAHASSEE, FL

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: Howard Amey
Address: 706 Ponce De Leon Blvd
Brooksville, FL 34601

ARTICLE VII INCORPORATOR

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

Name: Howard Amey
Address: 706 Ponce De Leon Blvd
Brooksville, FL 34601

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CLERK OF COURT
JAN 10 2016

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Upon Receipt (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

10-06-16
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

10-06-16
Date