

P190000016124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

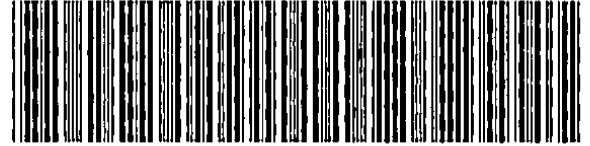
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19 FEB 25 AM 6:09
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2019

JAQUENETTE W BENNETT
1102 YARNELL AVE
LAKE WALES, FL 33853

SUBJECT: INSIDE OUT HEALING INC
Ref. Number: W19000004404

We have received your document for INSIDE OUT HEALING 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Keyna E Page
Regulatory Specialist II

Letter Number: 419A00000998

2019 FEB 23 PM 12:07

COVER LETTER

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

SUBJECT: New Filing Inside Out Healer
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
Inc.

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: Jacqueline W. Bennett
Name (Printed or typed)

1102 Yarnell Ave
Address

Lake Wales Fla
City, State & Zip

863 241-5894
Daytime Telephone number

Bennettjacqueline@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: Inside out Healing Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
1102 Yarnell Ave
Lake Wales 33853

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Health Care for
Persons with Disabilities

ARTICLE IV SHARES

The number of shares of stock is: error B 100% 1 Share

ARTICLE V INITIAL OFFICERS, AND/OR DIRECTORS

Name and Title: Jaquenetta W. Bennett Name and Title: Registered Agent

Address: 1102 Yarnell Ave Address: President

Lake Wales
FL 33853

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED
19 FEB 25 AM 6:09
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

19 FEB 25 AM 6:09
 STATE OF FLORIDA
 DEPARTMENT OF STATE

ARTICLE VI REGISTERED AGENT

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

Name:

Jacquetta W. Bennett

Address:

1102 Yarnell Ave
Lake Wales, FL 33853

Jacquetta W. Bennett

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Jacquetta W. Bennett

Address:

1102 Yarnell Ave
Lake Wales, FL 33853

Jacquetta W. Bennett

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/5/2018 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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:

X Jacquetta Bennett
 Required Signature/Registered Agent

1/31/19
 Date

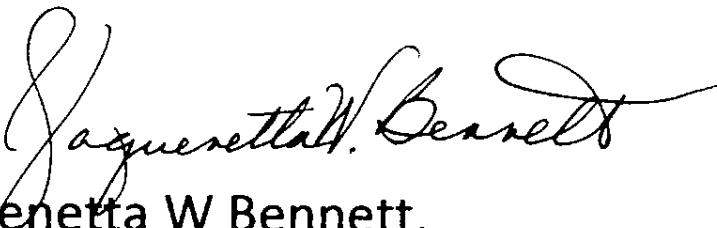
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jacquetta Bennett
 Required Signature/Incorporator

1/08/19
 Date

11/05/2018

I, Jaquenetta W Bennett, am not interested in
reinstating this corporation, Inside Out Healing, Inc.



Jaquenetta W Bennett,
Owner