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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302)645-7400
Fax Number : (302)645-1280

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

tiffanyhume@gmail.com

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
LUMINOUS HEALING Inc.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: LUMINOUS HEALING Inc.ARTICLE II PRINCIPAL OFFICEPrincipal street address
1315 Sweetwater Cove #201
Naples, FL 34110Mailing address, if different is
1315 Sweetwater Cove #201
Naples, FL 34110ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Healing workARTICLE IV SHARESThe number of shares of stock is: 1,500ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Tiffany Hume President/Director

Name and Title: _____

1315 Sweetwater Cove #201

Address: _____

Naples, FL 34110

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

_____ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Registered Agents Inc.Address: 7901 4th Street N, Ste 300St. Petersburg, FL 33702ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: Tiffany HumeAddress: 1315 Sweetwater Cove #201Naples, FL 34110ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 01/01/2023 (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*_____
Required Signature/Registered Agent12/21/2022_____
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/Incorporator12/21/22_____
DatePrinted Name: Tiffany Hume, President

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