

P95000053629

TRANSMITTAL LETTER 95 JUL -7 AM 11:51

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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

-07/07/95--01095--0115
*****131.25 *****131.25

SUBJECT: McCormick Center for Holistic Therapies, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Louise McCormick
Name (printed or typed)
785 Juniper Place
Address
West Palm Beach, FL 33414
City, State & Zip
407-791-2572
Daytime Telephone number

APR 7 10

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

55 JUL -7 AM 11:57
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME AND PURPOSE

The name of the corporation shall be:

McCormick Center for Holistic Therapies, Inc.

The Corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be

785 Juniper Place
West Palm Beach, FL 33414

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

The corporation shall have 10,000 shares at no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Louise K. McCormick
785 Juniper Place
West Palm Beach, FL 33414

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporation is(are):

Louise K. McCormick
785 Juniper Place
West Palm Beach, FL 33414

ARTICLE VI DIRECTORS

This Corporation shall have one (1) Director initially. The number of Directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one (1). The name and address of the initial Director of this Corporation:

Louise K. McCormick
785 Juniper Place
West Palm Beach, FL 33414

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

27th day of JUNE 19 95.

Louise K. McCormick

Signature

Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: McCormick Center for Holistic Therapies, Inc.

2. The name and address of the registered agent and office is:

Louise K. McCormick

(Name)

785 Juniper Place

(P.O. Box ~~not~~ acceptable)

West Palm Beach, FL 33414

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Louise K. McCormick
(Signature)

6/27/96
(Date)

APPLICATION
FOR
REINSTATEMENT

Sanford B. Mortham
Secretary of State

DOCUMENT # P160000000000000000
MCCORMICK CENTER FOR HOLISTIC THERAPIES, INC

785 JUNIPER PLACE
WEST PALM BEACH, FL 33414

REINSTATEMENT

3. Dates the report, signed and dated by the
 For the Department of the Army

1-195

7
LA PROSECUTION

65-0621075

CONFIDENTIAL - SECURITY INFORMATION

$$\{A_1, A_2, \dots, A_n\}$$

1st August 1880

**\$5.75 Additional Fee required
for a Certificate of Status**

Pres. TR. LOUISE MCCORMICK

785 JUNIPER PI

WEST PALM BEACH, FL 33414

900002046019--3
-01/03/97--01173--021
****375.00 ****375.00

96-2-31-96

9. Name and Address of New Registered Agent

d. Name and Address of Current Registered Agent

LOUISE MCCORMICK

785 JUNIPER PLACE
WEST PALM BEACH, FL 33414

James McFarlane

11. Does the Corporation pay any intangible tax to the Dept. of Revenue under c. 199 of the Florida Statutes.

Yes [] No [x]

71

12/28/96

SIGNATURE

Louis M. Rowe

561-791-2572