

P05000018683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

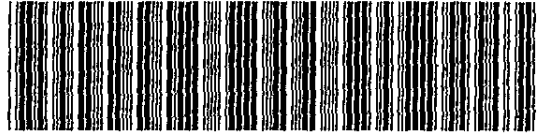
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/12/15--01012-400 **87.50

FILED
05 JAN 12 PM 9 40
STATE OF NEW YORK
CLERK OF THE COURT

C.Y. 2-7

TRANSMITTAL LETTER

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

SUBJECT: Mansfield Wellness Center, 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: Ronald Cherella + Diane
Name (Printed or typed)

14219 Pacosin Ct.
Address

Bokeelia, FL 33922
City, State & Zip

239-282-2567
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 14, 2005

RONALD CHERELLA
14219 PACOSIN CT.
BOKEELIA, FL 33922

SUBJECT: MANSFIELD WELLNESS CENTER, INC.
Ref. Number: W05000002381

We have received your document for MANSFIELD WELLNESS CENTER, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of 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.

Carolyn Lewis
Regulatory Specialist II
New Filings Section

Letter Number: 505A00002925

Please see attached withdrawal. We have closed our entire Mass. operation and now operate solely in FL. Leave Charles 239-282-2567

ARTICLES OF INCORPORATION

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

FILED
05 JAN 12 PM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
Manstfield Wellness Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
10707 Stringfellow Rd
Bokreelia, FL 33922

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
The sale of paint, framing + Art Supplies
(the marketing + sale of related products + services)

ARTICLE IV SHARES

The number of shares of stock is:
200,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
President: Ronald J. Cherella, 14219 Pacosin Ct, Bokreelia, FL 33922
Clerk: " " " " " "
Treasurer: Diane Cherella, 14219 Pacosin Ct, Bokreelia, FL 33922

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Ronald J. Cherella, 14219 Pacosin Ct, Bokreelia, FL 33922

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Ronald J. Cherella 14219 Pacosin Ct, Bokreelia, FL 33922

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

Ronald J. Cherella
Signature/Registered Agent

FL 1/1/05
Date

Ronald J. Cherella
Signature/Incorporator

1/1/05
Date