

FC88888803713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700134655407

08/25/08--01008--014 **78.75

FILED

2008 AUG 25 A 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8-25-08
80-58-8

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Liberty Integrated Wellness, Inc.
(Name of Corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Roslyn Jackson
(Name of Person)

Liberty Integrated Wellness, Inc.
(Firm/Company)

1041 NW 49th Street
(Address)

Miami, Florida 33127
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 AUG 25 A 12:45

FILED

For further information concerning this matter, please call:

Edith Davis at (305) 696-4400
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS
IN THE STATE OF FLORIDA:*

1. Liberty Integrated Wellness, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Delaware 3. 260762525
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/02/2008 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 6827 NW 15th Avenue Miami, Florida 33147
(Principal office address)
- 6827 NW 15th Avenue Miami, Florida 33147
(Current mailing address)

To Provide Health and

8. Social Services with local Agencies and Business to improve the lives of children and families in low income communities.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

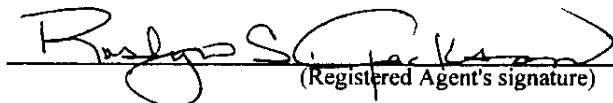
Name: Roslyn Jackson

Office Address: 1041 NW 49th Street

Miami, Florida 33147
(City) (Zip Code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered Agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
2008 AUG 25 A 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Morton, Agnes

Address: 1454 NW 43rd Street

Miami, FL 33147

Vice Chairman: Edith Davis, M.D.

Address: 6827 NW 15th Ave

Miami, FL 33147

Director: Rev. G. Smith

Address: 6702 NW 15th Avenue

Miami, FL 33147

Director: Scott, Alfred

Address: 102 NE 48th Street

Miami, FL 33137

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: Roslyn Jackson

Address: 1041 NW 49th Street Miami, Florida 33147

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Edith Davis, M.D.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. EDITH DAVIS, M.D. Vice Chairman

(Typed or printed name and capacity of person signing application)

FILED
2008 AUG 25 A 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIBERTY INTEGRATED WELLNESS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF AUGUST, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIBERTY INTEGRATED WELLNESS INC." WAS INCORPORATED ON THE SECOND DAY OF MAY, A.D. 2008.



4542201 8300

080877178

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6795892

DATE: 08-15-08

FILED
2008 AUG 25 A 12:45
SECRETARY OF STATE
DELAWARE