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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

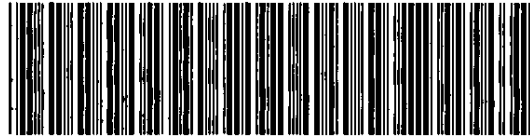
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BODY WELLNESS SERVICES AND PROGRAMS 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", or "Certificate of Status" 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:

DANIEL ALESSANDRO

Name of Person

BODY WELLNESS SERVICES AND PROGRAMS INC.

Firm/Company

2385 NW EXECUTIVE DRIVE

Address

BOCA RATON FL 33431

City/State and Zip Code

DANIEL@BODYWELLNESS.COM

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

DANIEL ALESSANDRO

at ( 561 )

981-2691

Name of Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:** ✓

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration 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:*

BODY WELLNESS SERVICES AND PROGRAMS INC.

1. BODY 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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 11-3327650  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/07/1996 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2385 NW EXECUTIVE DRIVE BOCA RATON FL 33431  
(Principal office address)

- \_\_\_\_\_ (Current mailing address, if different)


8. PROVIDE THE LATEST IN HEALTH AND WELLNESS TO THE COMMUNITY AT LARGE  
(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: DANIEL ALESSANDRO  
Office Address: 6888 MOLAKAI CIRCLE  
BOYNTON BEACH, Florida 33437  
(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.

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12. Names and addresses of officers and/or directors

**A. DIRECTORS**

LINDA ALESSANDRO

Chairman:

6888 MOLAKAI CIRCLE BOYNTON BEACH FL 33437

Address:

Vice Chairman:

Address:

DANIEL ALESSANDRO

Director:

6888 MOLAKAI CIRCLE

Address:

BOYNTON BEACH FL 33437

Director:

Address:

**B. OFFICERS**

LINDA ALESSANDRO

President:

6888 MOLAKAI CIRCLE

Address:

BOYNTON BEACH FL 33437

DANIEL ALESSANDRO

Vice President:

6888 MOLAKAI CIRCLE

Address:

BOYNTON BEACH FL 33437

Secretary:

Address:

Treasurer:

Address:

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

13.

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

DANIEL ALESSANDRO

14.

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

**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of BODY WELLNESS SERVICES AND PROGRAMS INC. was filed on 06/07/1996, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



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\*\*\*

WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 05th day of May two  
thousand and sixteen.

*Anthony Scardino*

Executive Deputy Secretary of State