

N100000006784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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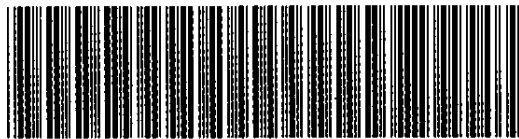
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL 16 PM 1:52

APPROVED  
AND  
FILED

Ps 2/20/10

## COVER LETTER

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

SUBJECT: Ocean Wellness Center, 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 of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Magdalana Yost  
Name (Printed or typed)

116 Bay St  
Address

Daytona Beach, FL 32114  
City, State & Zip

386-258-2288  
Daytime Telephone number

yomaggy@aol.com  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:  
Ocean Wellness Center, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
116 Bay St  
Daytona Beach, FL 32114

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
exclusively for charitable, religious, educational, and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax codes. More particularly, to conduct programs and activities to help families and children.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:  
Majority Vote

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):  
Magdalana Yost 3 San Juan Cir Ormond Beach, FL 32176 - President  
Deborah Yost 3 San Juan Cir Ormond Beach, FL 32176 - Vice President  
Mary Silverman 1825 Ridgewood Ave Daytona Beach, FL 32117

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Magdalana Yost  
3 San Juan Cir Ormond Beach, FL 32176

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Magdalana Yost  
3 San Juan Cir Ormond Beach, FL 32176

\*\*\*\*\*  
*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.*

  
\_\_\_\_\_  
Signature/Registered Agent

7-10-10  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7-10-10  
\_\_\_\_\_  
Date

APPROVED  
AND  
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