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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W110000044132

**COVER LETTER**

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

SUBJECT: EXCEPTIONAL WOMEN'S HEALTH, 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: PARVEEN S VAHORA  
Name (Printed or typed)

6325 STATE ROAD 54  
Address

NEW PORT RICHEY FL 34653  
City, State & Zip

727-843-9350  
Telephone number

parveensg@@gmail.com ✓  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

6325 State Road 54  
New Port Richey, FL 34653-6037  
July 7, 2011

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section  
Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Exceptional Women's Health LLC  
Document #11000059224  
Dissolved 5/24/2011, Filed 7/05/2011

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11 AUG 22 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Ms. Dunlap,

Regarding the Articles of Dissolution filed today for Exceptional Women's Health LLC, please be advised that we have no intention of reinstating this LLC at any time. We are revoking this filing in order to make available the name Exceptional Women's Health so that we can re-file the articles of organization for the non-profit corporation we originally filed electronically on July 1, 2011, and received via email your Document #w11000035370 rejecting the filing (please see email attached).

Enclosed, please find the articles of organization for Exceptional Women's Health Inc., a non-profit corporation that we have already paid filing fees for online on July 1, 2011, Receipt #3548249084 (copy attached) in the amount of \$70.00.

Please expedite this non-profit corporation filing. Let us know if you need anything else to accommodate our request. We appreciate your help in this matter.

Sincerely,

Parveen S. Vahora  
Phone 727-843-9350

cc: Shan Shikarpuri & Associates PA

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

**ARTICLE I NAME** EXCEPTIONAL WOMEN'S HEALTH, INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6325 STATE ROAD 54  
NEW PORT RICHEY, FL 34653

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To create awareness & promote preventative healthcare, educate women to live a balanced life & improve physical & mental well-being, by providing free educational seminars, conducting workshops & distributing literature, in the Greater Tampa Bay Area.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

Appointed by founding president.

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

Name and Title: PARVEEN S VAHORA (P)  
Address: 7333 ISLANDER LANE  
HUDSON, FL 34667

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: JILL TARBOX (VP)  
Address: 8512 CRICKET STREET  
HUDSON, FL 34667

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: PARVEEN S VAHORA  
Address: 6325 STATE ROAD 54  
NEW PORT RICHEY, FL 34653

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PARVEEN S VAHORA  
Address: 6325 STATE ROAD 54  
NEW PORT RICHEY, FL 34653

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

\_\_\_\_\_  
Required Signature of Registered Agent And Incorporator

8-15-17  
\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

\_\_\_\_\_  
Required Signature of Incorporator

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA