

N14000002324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

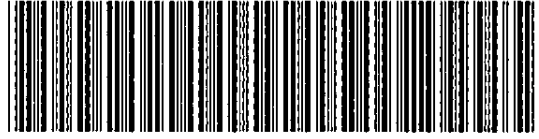
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200256940902

03/11/14--01005--018 \*\*87.50

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2014 MAR 11 AM 10:09  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

APPROVED  
AND  
FILED  
14 MAR 11 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WTD 3/11

**COVER LETTER**

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

**SUBJECT: Forgotten Coast 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: **Henry L. Kozlowsky**  
Name (Printed or typed)

**55 South Bayshore Drive**  
Address

**Eastpoint, FL 32328**  
City, State & Zip

**(850) 670-1671**  
Daytime Telephone number

**HKZY@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: Forgotten Coast Wellness Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
55 South Bayshore Drive  
Eastpoint, FL 32328

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
STATE OF FLORIDA  
14 MAR 11 AM 9:18

APPROVED  
AND  
FILED

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: To improve the quality of life in Franklin County by promoting physical fitness and wellness as well as increasing access and awareness of such services.

To partner with other health and nutrition organizations to provide information and services regarding overall health, physical fitness and wellness.  
Upon dissolution, all assets of the Corporation shall be used solely for the aforementioned charitable purposes.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Initial Officers and Directors are volunteers. Subsequent office holders will be elected according to the bylaws.

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

Name and Title: Edward Aguiar, P/D  
Address: 160 E. Gorrie Drive  
St. George Island, FL 32328

Name and Title: Henry L. Kozlowsky, T/D  
Address: 55 South Bayshore Drive  
Eastpoint, FL 32328

Name and Title: Sarah Madson, VP/D  
Address: P.O. Box 865  
Apalachicola, FL 32329

Name and Title: Gary Niblack  
Address: 1335 E. Gulf Beach Drive  
St. George Island, FL 32328

Name and Title: Jan Thomas. Sec/D  
Address: P.O. Box 968  
Apalachicola, FL 32329

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

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Henry L. Kozlowsky

Address: 55 South Bayshore Drive  
Eastpoint, FL 32328

STATE OF FLORIDA  
MAY 11 2014

14 MAR 11 AM 9:18

APPROVED  
AND  
FILED

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Henry L. Kozlowsky

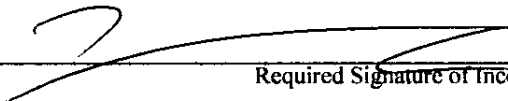
Address: 55 South Bayshore Drive  
Eastpoint, FL 32328

*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

March 11, 2014  
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

March 11, 2014  
Date