

N14000009999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

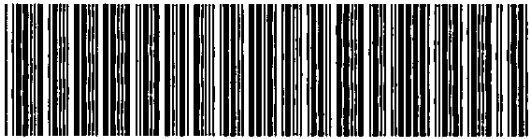
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/27/14--01024--013 **87.50

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SECRETARY OF STATE
TOLSON

COVER LETTER

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

SUBJECT: Healthy, Wealthy & Wise Orlando, 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: Vijay J. Marolia
Name (Printed or typed)

6735 Conroy Rd., Suite # 302
Address

Orlando, FL 32835
City, State & Zip

407-394-5581
Daytime Telephone number

kcompton@regalpointcapital.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: Healthy, Wealthy & Wise Orlando, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6735 Conroy Rd., Suite # 302

Orlando, FL 32835

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Healthy Wealthy and Wise Orlando will help
to fight childhood obesity, prevent poverty and homelessness, as well as
promote financial literacy.

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

Directors are appointed by the President.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vijay J. Marolia, President

Address: 6735 Conroy Rd., Suite # 302
Orlando, FL 32835

Name and Title: Kristen Compton, Officer

Address: 6735 Conroy Rd., Suite # 302
Orlando, FL 32835

Name and Title: Allison Lantang, Officer

Address: 6735 Conroy Rd., Suite # 302
Orlando, FL 32835

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
JULIA A. LASSITER, CLERK
JULIA A. LASSITER, CLERK

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:

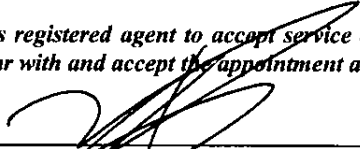
Name: Vijay J. Marolia
Address: 6735 Conroy Rd., Suite # 302
Orlando, FL 32835

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vijay J. Marolia
Address: 6735 Conroy Rd., Suite # 302
Orlando, FL 32835

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

10/19/14

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

10/19/14

Date

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STATE
FLORIDA