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COVER LETTER

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

SUBJECT:	(PROPOSED CORPO	RATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
	,		
Enclosed is an original a	and one (1) copy of the Artic	cles of Incorporation and	a check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate
FROM:	Michelle Nicolas	e (Printed or typed)	_
	Name	e (Fillited or typed)	
	639 Date Palm Dr		
		Address	-

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

Lake Park, Florida 33403

michellesnicolas@aol.com

561-578-2407

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

City, State & Zip

Daytime Telephone number

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

ARTICLE I The name of th	NAME e corporation shall be: World Wide Wellne	ss center, Inc.
ARTICLE II	PRINCIPAL OFFICE	15 DEC -3 PM 3.
639 I	Principal <u>street</u> address: Date Palm Dr	Mailing address, if different is: MATARY OF STATE 2300 Palm Beach Lakes Blvd Suite 309 1 ARABASTE FEBRUARY
Lake	Park Florida, 33403	West Palm Beach Florida, 33409
	or which the corporation is organized is:	tis corporation is organized a charitable organization including, for such
		or the corresponding provisions of any future United States Internal Revenue
Code).		
		· · · · · · · · · · · · · · · · · · ·
RTICLE IV		er in which the directors are elected and appointed:
The first Bo	pard of Directors shall consist of	those persons named in the Articles of Incorporation.
Such perso	ons shall hold office until the first	annual election of Directors.
RTICLE V	INITIAL OFFICERS AND/OR DIRECT	<u>rors</u>
Name and Title	Michelle Nicolas - President	Name and Title:
Address	639 Date Palm Dr	Address:
	Lake Park, Florida 33403	
Jame and Title	Nataki Campbell - Director	Name and Title:
	2300 Palm Beach Lakes Blvd Suite 309	-
Address	West Palm Beach, Florida 33409	Address:
lame and Title	Eleena Altidor - Director	Name and Title:
ddress	2300 Palm Beach Lakes Blvd Suite 309	
rantess	West Palm Beach, Florida 33409	Address:

Name and Title:	Name and Title:	
Address		
Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acce	eptable) of the registered agent is:	
Name: Michelle Nicolas		,
Address: 2300 Palm Beach Lakes Blvd S	Suite 309	3 71
West Palm Beach, Florida		Ē
ADTIGUE FAIL INGODEON ATTOR		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	3. 32 102	• .
Name: Michelle Nicolas	~~~~~	* **
Address: 2300 Palm Beach Lakes Blvd Suite 30	09	
West Palm Beach, Florida	33409	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific at after the filing.)	. (OPTIONAL) Ind cannot be more than five business days prior or 90 bus	siness days
<u>Note:</u> If the date inserted in this block does not meet the a document's effective date on the Department of State's reco	applicable statutory filing requirements, this date will not be licords.	sted as the
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment to	of process for the above stated corporation at the place des as registered agent and agree to act in this capacity	signated in this
Microsop Micaha	12/02/2015	5
Required Signature of Registered	d Agent Date	
I submit this document and affirm that the facts stated here to the Department of State constitutes a third degree felony	rein are true. I am aware that any false information submitted as provided for in s.817.155, F.S.	l in a document
Michael Chrische	12/02/2015	5
Michigan Signature of Income	prporator Date	**