

W15000011765

(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

W15000011765

DEC 14 2015

T. SCOTT



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10/30/15--01012--004 **87.50

15 DEC -4 AM 9:45



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2015

ROSE BRYANT
2901 N WOODROW AVE
TAMPA, FL 33602

RECEIVED DEC 04 2015

SUBJECT: ZEN DEN HOLISTIC WELLNESS, INC.
Ref. Number: W15000074068

We have received your document for ZEN DEN HOLISTIC WELLNESS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II

Letter Number: 815A00023770

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

Zen Den Holistic Wellness, Inc.

SUBJECT: _____

(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: Rose Bryant

Name (Printed or typed)

2901 N Woodrow Ave

Address

Tampa, FL 33602

City, State & Zip

(971) 404-1519

Daytime Telephone number

zendenholisticwellness@gmail.com

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

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

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

ARTICLE I NAME

Zen Den Holistic Wellness, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2901 N Woodrow Ave

Mailing address, if different is: _____

Tampa, FL 33602

ARTICLE III PURPOSE

Zen Den Holistic Wellness Inc. is a non-profit educational resource. It aims

The purpose for which the corporation is organized is: _____

at promoting awareness of one's physical health as well as mental & emotional well-being by providing education, encouragement

and guidance through the integration and diversity of nature, yoga, nutrition, body and mind. Our intention is to support and

empower people to restore and maintain their optimum state of vitality while living sustainably and consciously.

Zen Den Holistic Wellness, Inc. strives for a day when holistic health and wellness is achievable through access to information and

resources through community based awareness, intentional/conscious living and promoting positive wellness of the whole being.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

2/3 vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____

Rose Bryant (~~Executive Director~~)

President

Name and Title: _____

Address _____

2901 N Woodrow Ave

Address: _____

Tampa, FL 33602

Name and Title: _____

Erin Mullaney (~~Asst Executive Director~~)

Vice president

Name and Title: _____

Address _____

2901 N Woodrow Ave

Address: _____

Tampa, FL 33602

Name and Title: _____

Timothy Miller (~~Administrative Director~~)

Secretary

Name and Title: _____

Address _____

2901 N Woodrow Ave

Address: _____

Tampa, FL 33602

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NAME OF OFFICER:	NAME OF OFFICER:
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: Rose Bryant
 Address: 2901 N Woodrow Ave
Tampa, FL 33602

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rose Bryant
 Address: 2901 N Woodrow Ave
Tampa, FL 33602

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/28/15 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

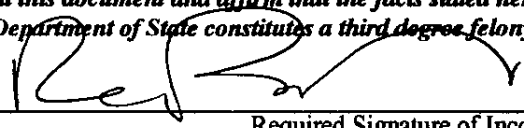
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/28/15
 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

10/28/15
 Date