

N17000006715

(Requestor's Name)

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(City/State/Zip/Phone #)

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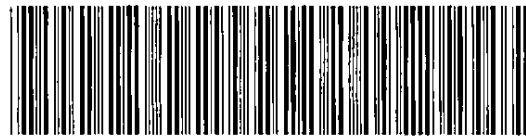
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COVER LETTER

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

SUBJECT: **AWARE - Health & Wellness, 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

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STATE OF FLORIDA
DIVISION OF CORPORATIONS
17 JUN 28 PM 12:36

FROM: **Elaine A. Anderson**

Name (Printed or typed)

2717 Baldwin Dr. S.

Address

Tallahassee, FL 32309

City, State & Zip

850-556-6983

Daytime Telephone number

Createyourownparadise@hotmail.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: AWARE - Health & Wellness, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2717 Baldwin Dr. S.

Mailing address, if different is:

SAME

Tallahassee, FL 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To empower individuals to improve their health and wellness through education, counseling and active participation in daily life routines.

Dissolution clause: Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Annual Meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anderson, Elaine A., President

Address: 2717 Baldwin Dr. S.
Tallahassee, FL 32309

Name and Title: Ralph, Lynette Y., Director

Address: 4333 Cortland Dr.
Davenport, FL 33837

Name and Title: Anderson, Crystal S., Director

Address: 2717 Baldwin Dr. S.
Tallahassee, FL 32309

Name and Title: _____

Address: _____

Name and Title: Kawato, Danielle N., Director

Address: 972 Harbor Inn Dr.
Coral Springs, FL 33071

Name and Title: _____

Address: _____

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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: Elaine Anderson

Address: 2717 Baldwin Dr. S.

Tallahassee, FL 32309

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TALLAHASSEE
FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Elaine Anderson

Address: 2717 Baldwin Dr. S.

Tallahassee, FL 32309

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/01/17 (OPTIONAL)

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

6/23/17

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

6/23/17

Date