

N18000009683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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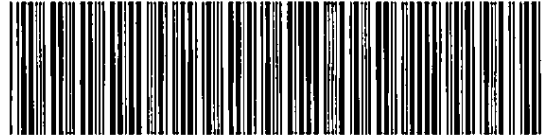
(Business Entity Name)

(Document Number)

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

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T COLLINS  
SEP 11 2018

## COVER LETTER

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

SUBJECT: Road To 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**

FROM: Fraydee Lozenik

Name (Printed or typed)

4014 Chase Ave Suite 217

Address

Miami Beach FL 33140

City, State & Zip

305 401 8005

Daytime Telephone number

flozenik@oneworldcreative.com

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

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

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

**ARTICLE I      NAME**

The name of the corporation shall be: Road To Wellness, Inc.

**ARTICLE II      PRINCIPAL OFFICE**

Principal street address:  
4014 Chase Ave Suite 217

Mailing address, if different is:

Miami Beach FL 33140

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

to provide health insurance to young boys and girls ages 18 to 35 years old.

The Corporation is organized exclusively for charitable, religious, educational and scientific purposes,  
including for such purposes, the making of distributions to organizations that qualify as an exempt  
organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section  
of any future federal tax code.

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

As set forth in the bylaws.

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

Name and Title: Fraydee Lozenik , President

Name and Title: David Smith Treasurer

Address: 4014 Chase Ave Suite 217  
Miami Beach FL 33140

Address: 4560 Sheridan Ave  
Miami Beach FL 33140

Name and Title: Dr Nathan Katz Secretary

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

Address: 4545 Royal Palm Ave.  
Miami Beach, FL 33140

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

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

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

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

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

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

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

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

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

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**ARTICLE VI REGISTERED AGENT**

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

Name: Fraydee Lozenik

Address: 4014 Chase Ave Suite 217

Miami Beach FL 33140

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Fraydee Lozenik

Address: 4014 Chase Ave Suite 217

Miami Beach FL 33140

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*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*

Fraydee Lozenik  
Required Signature of Registered Agent

8/31/2018  
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.*

Fraydee Lozenik  
Required Signature of Incorporator

8/31/2018  
Date