

N22000004414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

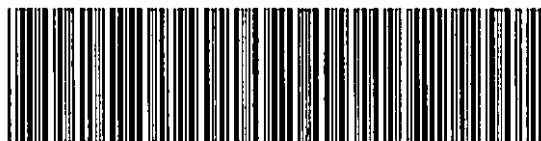
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/14/22--01010--027 **70.00

2022 APR 14 PM 7:59

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C

Living Fountain Wellness Retreat Inc
578 SW Taylor County Line Rd
Greenville, FL 32331

February 01, 2018

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

Dear Sirs:

Re: Living Fountain Wellness Retreat, Inc


I am enclosing an original and one copy of the Articles of Incorporation for the above-proposed Corporation.

Also enclosed is a check/money order in the amount of \$70.00 for payment of the following fees:

Filing Fee	\$35.00
Registered Agent fee	<u>35.00</u>
TOTAL	\$70.00

Please file the original articles and return the certified copy to me at the above address.

Sincerely,



Eulalee Robinson, Incorporator
Richlee565@gmail.com

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

OF

LIVING FOUNTAIN WELLNESS RETREAT, INC.

- ONE: The name of the Corporation is **LIVING FOUNTAIN WELLNESS RETREAT, INC.**
- TWO: The duration of the Corporation shall be perpetual.
- THREE: The principal address of the Corporation is:
578 SW Taylor County Line Rd, Greenville, FL 32331
- FOUR: The mailing address of the Corporation is:
565 Rob Roy Dr, Clermont, FL 34711
- FIVE: The general purpose or purposes for which this Corporation is being formed is/are to provide a health center to promote physical and internal wellness. Consulting and all other lawful business activity for which the Corporation may be incorporated under Chapter 617 of the Florida statutes.
- A. Notwithstanding any other provisions of these articles, this organization shall not carry on any activities not permitted to be carried on by an organization exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue law.
- B. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the

meaning of 501(c)(3) of the Internal Revenue Code of 1986, or corresponding section of any future Federal Tax Code, or shall be distributed to the Federal, State, or Local government for a public purpose. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the organization is then located, exclusively for such purposes.

SIX: The manner in which the Directors are qualified, elected or appointed is as follows: Each year at its General Annual Meeting, the members of the Corporations shall appoint the Board of Directors to serve for the ensuing year as provided for in the bylaws.

SEVEN: The internal affairs of the Corporation shall be governed by the bylaws of the Corporation, which shall be adopted at the first meeting of the Board of Directors.

EIGHT: The number of directors/officers constituting the initial Board of Directors is 3 and the name and address of each person who is to serve as a member thereof is as follows:

Eulalee Robinson, President	565 Rob Roy Dr Clermont, FL 34711
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Richard Robinson, Vice President	565 Rob Roy Dr Clermont, FL 34711
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Nathan Robinson, Treasurer	565 Rob Roy Dr Clermont, FL 34711
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NINE: The registered agent and the street address of the initial registered office of the Corporation in the State of Florida is:

Name

Address

Eulalee Robinson

565 Rob Roy Dr
Clermont, FL 34711

TEN: The name and address of the sole Incorporator is:


Name

Address

Eulalee Robinson

565 Rob Roy Dr
Clermont, FL 34711

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.



Signature/Registered Agent

04-07-22

Date



Signature/Incorporator

04/07/22

Date

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CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

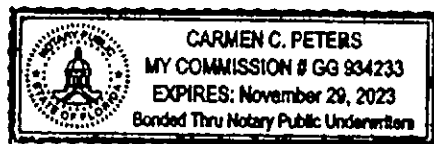
STATE OF FLORIDA

COUNTY OF SEMINOLE

I, **HEREBY CERTIFY** that on this day, before me, a Notary Public authorized in the State and County named above to take acknowledgments, personally appeared to me known to be the person DJEMS DON, as the subscriber in and who executed the foregoing Articles of Incorporation and acknowledged before me that he/she subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above this 7th day of April, 2022.

Carmen C. Peters



Notary Public

My commission expires: 11/29/2023

Personally Known _____

Identification FL DL R152 316 725070

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NOTARY PUBLIC
STATE OF FLORIDA