

N22000006764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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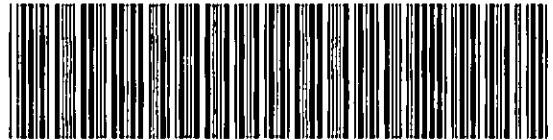
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. O'KEEFE

JUN 16 2022

COVER LETTER

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

SUBJECT: Five Points 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

FROM: Mark E. Fenzl
Name (Printed or typed)

6131 US Highway 19
Address

New Port Richey, FL 34652
City, State & Zip

(727) 842-6900
Daytime Telephone number

Markfenzl@201.com
E-mail address: (to be used for future annual report notification)

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

EI 292 343 225 US

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

ARTICLE I NAME

The name of the corporation shall be: Five Points Health & Wellness Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different:

6131 US Highway 19
New Port Richey, FL 34652

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide Occupational and Interventional
Medicine; Drug Testing and Behavioral Counselling;
Tai Chi, Yoga, and Massage Therapy to the Community.
Other services include Vocational Rehabilitation and
travel medicine services.
Pain Medicine, Osteopathic Manipulation, and acupuncture
may also be available.

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

Set by Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark E. Fenzl CEO/President Name and Title: Debbie Gomez, Office Manager

Address: 6131 US Highway 19 Address: 6131 US Highway 19
New Port Richey, FL 34652 New Port Richey, FL 34652

Name and Title: Sheila Langlais, Counselor Name and Title: Tim Ferguson, CFO
Address: 6131 US Highway 19 Address: 6131 US Highway 19
New Port Richey, FL 34652 New Port Richey, FL 34652

Name and Title: Tony Scarpa, Treasurer Name and Title: Tonya Fenzl, Nursing Consultant
Address: 6388 Golden Eye Glen Address: 3183 Deergrass Ct.
Bradenton, FL 34202 Holaday, FL 34691

Name and Title: Harvey Moritz, Business Consultant Name and Title: _____

Address: 161 W Big Beaver Rd Address: _____
Suite 705 _____
Troy, Michigan 48084-4056 _____

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: Mark E. Fenzl
Address: 3183 Deercross Ct.
Holiday, FL 34691

ARTICLE VII INCORPORATOR

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

Name: Mark E. Fenzl
Address: 6131 US Highway 19
New Port Richey, FL 34652

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Mark E. Fenzl
Required Signature of Registered Agent

4/29/2022
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.

Mark E. Fenzl
Required Signature of Incorporator

4/29/2022
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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