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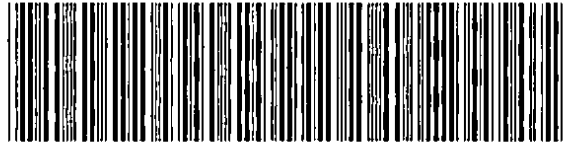
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TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be: Being Well Chiropractic and Natural Health Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
625 Commerce Drive, Suite 102  
Lakeland, FL 33813

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: We help Lakeland by providing chiropractic care, massage therapy and that our community can experience greater vitality and independence in their everyday life.

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

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

Name and Title: Mary Nelle James Dotson - President  
Address: 625 Commerce Drive, Suite 102  
Lakeland, FL 33813

Name and Title: Mary Nelle James Dotson - Director  
Address: 625 Commerce Drive, Suite 102  
Lakeland, FL 33813

Name and Title: Patricia Williams - Director  
Address: 625 Commerce Drive, Suite 102  
Lakeland, FL 33813

Name and Title:  
Address:

Name and Title: Joni Tyler - Director  
Address: 625 Commerce Drive, Suite 102  
Lakeland, FL 33813

Name and Title:  
Address:

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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: Mary Nelle Dotson  
Address: 625 Commerce Drive, Suite 102  
Lakeland, FL 33813

**ARTICLE VII INCORPORATOR**

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

Name: Nestha Alcime  
Address: 2221 E Arapahoe Rd Unit 2715  
Centennial, CO 80161

**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*

\_\_\_\_\_  
Required Signature of Registered Agent

05 / 31 / 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.*

\_\_\_\_\_  
Required Signature of Incorporator

05/31/2022

\_\_\_\_\_  
Date