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D. O'KEEFE

NOV 18 2022

COVER LETTER

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

SUBJECT: Educating People in Community Wellness, Incorporated
(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: Audreyonna Banks
Name (Printed or typed)

1250 West 16th Street 223
Address

Jacksonville, FL 32209
City, State & Zip

904-524-6999
Daytime Telephone number

info@authenticallyasb.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: Educating People in Community Wellness, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1250 West 16th Street 223

Jacksonville, FL 32209

Mailing address, if different is:

11834 Alexandra Drive

Jacksonville, FL 32218

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The mission of Educating People in Community Wellness, Inc.
is to provide accessible, mental and holistic wellness programming and to underserved Jacksonville,
Florida communities and surrounding areas.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gale Banks Name and Title: Wendy Alinor

Address 1250 West 16th Street 223 Address: 10800 Old St. Augustine
Jacksonville, FL 32209 Road 101
Jacksonville, FL 32257

Name and Title: Mark Harris Name and Title: _____
Address 1735 Boston Commons Way Address: _____
Jacksonville, FL 32221 _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

NOTED FOR FILING
ALL AMENDMENTS
FILED

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FILED

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: Audreyonna Banks

Address: 1250 West 16th Street

Jacksonville, FL 32209

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Audreyonna Banks

Address: 1250 West 16th Street

Jacksonville, FL 32209

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

Audreyonna S. Banks
Required Signature of Registered Agent

10/31/2022
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.

Audreyonna S. Banks
Required Signature of Incorporator

10/31/2022
Date

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CLERK OF DISTRICT COURT
JACKSONVILLE, FL 32209