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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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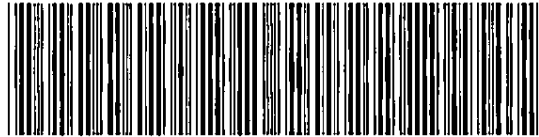
(Business Entity Name)

(Document Number)

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## COVER LETTER

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

SUBJECT: Foundation for Active Living and 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: Charles T. Thurman Jr.  
Name (Printed or typed)

2114 N FLAMINGO RD # 2023  
Address

PEMBROKE PINES FL 33028-3501  
City, State & Zip

(617) 642-1680  
Daytime Telephone number

charlesthurman01@proton.me  
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: Foundation for Active Living and Wellness Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address: <u>2114 N FLAMINGO RD # 2023</u>  <u>PEMBROKE PINES FL 33028-3501</u>  _____	Mailing address, if different is: _____  _____  _____
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: We help individuals by providing active living guidance, wellness education,  
specialized healthcare programs, including diabetes care, so they experience healthier lives.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Name and Title: <u>Charles T. Thurman Jr., President</u> Address: <u>2114 N FLAMINGO RD # 2023</u> <u>PEMBROKE PINES FL 33028-3501</u> _____  Name and Title: <u>Walter Coon, Treasurer</u> Address: <u>2114 N FLAMINGO RD # 2023</u> <u>PEMBROKE PINES FL 33028-3501</u> _____  Name and Title: <u>Erick Daza, Secretary</u> Address: <u>2114 N FLAMINGO RD # 2023</u> <u>PEMBROKE PINES FL 33028-3501</u> _____	Name and Title: <u>Charles T. Thurman Jr., Director</u> Address: <u>2114 N FLAMINGO RD # 2023</u> <u>PEMBROKE PINES FL 33028-3501</u> _____  Name and Title: <u>Walter Coon, Director</u> Address: <u>2114 N FLAMINGO RD # 2023</u> <u>PEMBROKE PINES FL 33028-3501</u> _____  Name and Title: <u>Erick Daza, Director</u> Address: <u>2114 N FLAMINGO RD # 2023</u> <u>PEMBROKE PINES FL 33028-3501</u> _____
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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: Charles T. Thurman Jr. \_\_\_\_\_

Address: 2114 N FLAMINGO RD # 2023 \_\_\_\_\_

PEMBROKE PINES FL 33028-3501 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Charles T. Thurman Jr. \_\_\_\_\_

Address: 2114 N FLAMINGO RD # 2023 \_\_\_\_\_

PEMBROKE PINES FL 33028-3501 \_\_\_\_\_

**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*

*Charles Thurman*

Required Signature of Registered Agent

10/06/2023

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.*

*Charles Thurman*

Required Signature of Incorporator

10/06/2023

Date

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Foundation for Active Living and Wellness Inc, a Nonprofit Corporation

Purpose and Dissolution Clause as required by IRS:

Purpose Clause:

*"This organization is organized exclusively for charitable, educational, religious and/or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and shall not inure benefit or earnings to any private shareholder or individual.*

Dissolution Clause:

*" Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, including to another tax-exempt organization under Section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose."*