

12480002589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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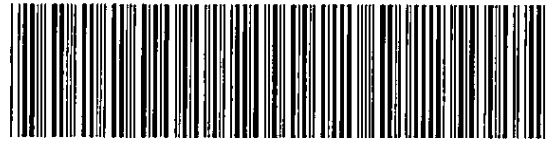
(Business Entity Name)

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## COVER LETTER

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

**SUBJECT:** SCI Functional Health and Nutrition 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: Kim Sanders  
\_\_\_\_\_  
Name (Printed or typed)

7545 CENTURION PKWY STE 205  
\_\_\_\_\_  
Address

JACKSONVILLE FL 32256-4119  
\_\_\_\_\_  
City, State & Zip

(904) 472-8906  
\_\_\_\_\_  
Daytime Telephone number

drkimsanders@hotmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FL

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

**ARTICLE I NAME**

The name of the corporation shall be: SCI Functional Health and Nutrition Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
7545 CENTURION PKWY STE 205  
JACKSONVILLE FL 32256-4119

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: We help North Florida by providing chiropractic and functional  
medicine/nutritional healthcare for the underserved with a focus on those with financial hardships, military, and also other healthcare  
workers, so they can have access to quality care.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: As per the bylaws

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

Name and Title: Kim Sanders, President

Address: 7545 CENTURION PKWY STE 205  
JACKSONVILLE FL 32256-4119

Name and Title: Kim Sanders, Director

Address: 7545 CENTURION PKWY STE 205  
JACKSONVILLE FL 32256-4119

Name and Title: Lucia Fernandez, Treasurer

Address: 7545 CENTURION PKWY STE 205  
JACKSONVILLE FL 32256-4119

Name and Title: Lucia Fernandez, Director

Address: 7545 CENTURION PKWY STE 205  
JACKSONVILLE FL 32256-4119

Name and Title: Lucia Fernandez, Secretary

Address: 7545 CENTURION PKWY STE 205  
JACKSONVILLE FL 32256-4119

Name and Title: Lenna Sutton, Director

Address: 7545 CENTURION PKWY STE 205  
JACKSONVILLE FL 32256-4119

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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: Kim Sanders

Address: 7545 CENTURION PKWY STE 205

JACKSONVILLE FL 32256-4119

**ARTICLE VII INCORPORATOR**

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

Name: Kim Sanders

Address: 7545 CENTURION PKWY STE 205

JACKSONVILLE FL 32256-4119

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STATE  
JACKSONVILLE FL

**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*

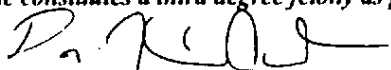


Required Signature of Registered Agent

01 / 21 / 2024

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 §817.155, F.S.*



Required Signature of Incorporator

01 / 21 / 2024

Date

## **Addendum to the Articles of Incorporation**

### **Article IX: 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.

### **Article X: 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. This may include distribution to another tax-exempt organization under Section 501(c)(3), or the assets may be distributed to the federal government, or to a state or local government, for a public purpose.

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2024 JAN 30 AM 10:10  
CLERK OF COURT  
JAN 30 2024