

5/10/2024 08:58:07 PDT  
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To: (850) 617-6381 P: 1/3  
Division of Corporations

Fax: 8134365206

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

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Account Name : REGISTERED AGENTS INC.  
Account Number : T20090000081  
Phone : (307)200-2803  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
Community Wellness Campaign Inc

Certificate of Status	0
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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: Community Wellness Campaign Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address:

Mailing address, if different is:

7901 4th St N STE 3007901 4th St N STE 300St. Petersburg, FL 33702St. Petersburg, FL 33702**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

The purpose of this organization includes, but is not limited to: assisting underserved and disadvantaged communities  
access healthcare resources and services through health education and care coordination.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_  
stated within bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: El-Fayez, Mouluke - DirectorName and Title: El-Fayez, Arriege - DirectorAddress: 7901 4th St N STE 300Address: 7901 4th St N STE 300St. Petersburg, FL 33702St. Petersburg, FL 33702Name and Title: El-Fayez, Maysa - DirectorName and Title: El-Fayez, Angela - DirectorAddress: 7901 4th St N STE 300Address: 7901 4th St N STE 300St. Petersburg, FL 33702St. Petersburg, FL 33702

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Northwest Registered Agent LLC

Address: 7901 4TH ST N STE 300

ST. PETERSBURG, FL 33702

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Nat Smith

Address: 7901 4TH ST N STE 300

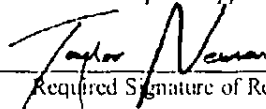
ST. PETERSBURG, FL 33702

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing:

(OPTIONAL)

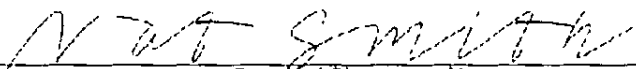
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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

05/10/2024

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 s.817.155, F.S.*

Required Signature of Incorporator

05/10/2024

Date