

N25000000682

FL
1-21-25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

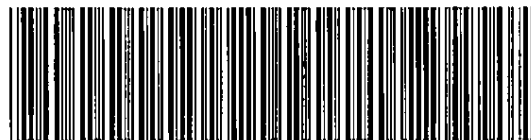
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STATE
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COVER LETTER

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

SUBJECT: Centers for Health Promotion Foundation, 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: CHRISTINE REYNOLDS
Name (Printed or typed)

1890 N UNIVERSITY DR. SUITE 306
Address

CORAL SPRINGS, FL 33071
City, State & Zip

954-347-9516
Daytime Telephone number

creynolds@chp-health.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: Centers for Health Promotion Foundation, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1890 N UNIVERSITY DR.

SUITE 306

CORAL SPRINGS, FL 33071

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide evidence based strategies to improve public outcomes and quality of life through education and outreach. The following will operate exclusive in a manner which will qualify the corporation as a tax exempt, not-for-profit organization under section 501(C) 3 of the Internal Revenue Code, or corresponding Section of any future federal tax code. Upon the dissolution of

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Reynolds, M.D. Dwight C., E.D. Name and Title: _____

Address: 1890 N University Dr. Address: _____

Suite 306 _____

Coral Springs, FL 33071 _____

Name and Title: Reynolds Christine B., D.O. Name and Title: _____

Address: 1890 N University Dr Address: _____

Suite 306 _____

Coral Springs, FL 33071 _____

Name and Title: Reynolds, Justin N., D.P. Name and Title: _____

Address: 1890 N University Dr. Address: _____

Suite 306 _____

Coral springs, FL 33071 _____

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FILE

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: Christine Reynolds

Address: 1890 N University Dr #306

Coral Springs, FL 33071

ARTICLE VII INCORPORATOR

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

Name: Christine Reynolds

Address: 180 N University Dr.

Coral Springs, FL 33071

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1-1-2025 (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.)

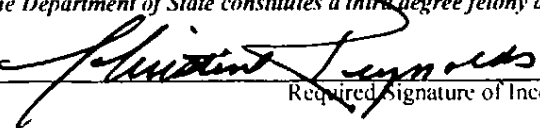
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

12-19-2024
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

12-19-2024
Date

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