

P00000081629  
TRANSMITTAL LETTER

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

FILED  
00 AUG 24 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT:

U Feel Well, Incorporated  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300003371689--6  
-08/24/00--01054--007  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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 of  
Status

ADDITIONAL COPY REQUIRED

FROM:

Suzanne M. Wynn  
Name (Printed or typed)

2715 N.W. 51<sup>st</sup> Place  
Address

EFFECTIVE DATE  
08-21-00

Gainesville, FL 32605-6209  
City, State & Zip

(352) 214-7768  
Daytime Telephone number

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

8/29

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

U Feel Well, Incorporated

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Street: 2715 N.W. 51st Place

Gainesville, FL 32605-6209

P.O. Box 358093  
Gainesville, FL

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide wellness support to individuals.

## ARTICLE IV SHARES

The number of shares of stock is:

9

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Suzanne M. Wynn, Director, President, Secretary,

Street: 2715 N.W. 51st Place / Mail:

Treasurer

Gainesville, FL

P.O. Box 358093

32605-6209

Gainesville, FL 32635-

8093

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Suzanne M. Wynn

2715 N.W. 51st Place

Gainesville, FL 32605-6209

EFFECTIVE DATE

08-21-00

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Suzanne M. Wynn

2715 N.W. 51st Place

Gainesville, FL 32605-6209

## ARTICLE VIII

Effective Date: 8/21/00

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

Signature/Registered Agent

Date

8/21/00

Signature/Incorporator

Date

8/21/00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 AUG 21 PM 12:20

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