

TRANSMITTAL LETTER

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

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*****87.50 *****87.50

SUBJECT: WELLNESS AIR, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: KEVIN D. LYONS
Name (Printed or typed)

22010 NW COUNTY ROAD 236
Address

HIGH SPRINGS, FL 32643

FILED
00 OCT 10 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Feb
10/11

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:

WELLNESS AIR, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

22010 NW COUNTY ROAD 236, HIGH SPRINGS, FL 32643

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INDOOR AIR QUALITY

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

KEVIN D. LYONS, 22010 NW COUNTY ROAD 236, HIGH SPRINGS, FL 32643

ARTICLE VI REGISTERED AGENT

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

KEVIN D. LYONS, 22010 NW COUNTY ROAD, HIGH SPRINGS, FL 32643

ARTICLE VIII INCORPORATOR


The name and address of the Incorporator is:

KEVIN D. LYONS, 22010 NW COUNTY ROAD, HIGH SPRINGS, FL 32643

.....
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

10-6-00
Date


Signature/Incorporator

10-6-00
Date

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