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TRANSMITTAL LETTER

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

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-03/30/01--01091--001
*****70.00 *****70.00

SUBJECT:

TOTAL CARE Wellness Center, Inc

(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAR 30 AM 7:20

FILED

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

TOTAL CARE Wellness Center, Inc
Name (Printed or typed)

4841 SW 148 Avenue

Address

DAVIE FL 33330

City, State & Zip

(954) 474-9000 CPA

Daytime Telephone number

F. CHESLER

APR 4 2000

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

TOTAL CARE Wellness Center, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4841 SW 148 Avenue
DAVIE, FL 33330

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ROBERT MUSSEY
4841 SW 148 Avenue DAVIE FL 33330

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ROBERT MUSSEY
4841 SW 148 Avenue DAVIE, FL 33330

✓ Robert B Mussey
Signature/Incorporator

3/28/01

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

✓ Robert B Mussey
Signature/Registered Agent

3/28/01

Date

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TALLAHASSEE, FLORIDA