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TRANSMITTAL LETTER

FILED
02 MAR 22 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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-03/25/02--01005--001
*****87.50 *****87.50

SUBJECT: _____

WELLIFE, Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: _____

WILLIAM B. CRAIG

Name (Printed or typed)

1715 STICKNEY POINT ROAD SUITE
A11

Address

SARASOTA FL 34231-8859

City, State & Zip

941-925-4600

Daytime Telephone number

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

Bm 3/27

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:

WELL LIFE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1715 STICKNEY POINT ROAD
SUITE A 11
SARASOTA FL 34231-8859

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES & MARKETING

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

WILLIAM B. CRAIG - PRESIDENT, SEC/TREAS
1715 STICKNEY POINT ROAD SUITE A 11
SARASOTA FL 34231-8859

ARTICLE VI REGISTERED AGENT

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

WILLIAM B CRAIG
1715 STICKNEY POINT ROAD SUITE A 11
SARASOTA FL 34231-8859

ROBERT I. BECKWITH
VICE - PRESIDENT
17 KINGS GRANT ROAD
CLINTON CT 06413

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM B CRAIG
1715 STICKNEY POINT ROAD SUITE A 11
SARASOTA FL 34231-8859

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

Signature/Incorporator

Date

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TALLAHASSEE, FLORIDA