# P1 1888041654 Law Offices of JACALYN N. KOLK, P.A.

P. O. BOX 59462 4116 HIGHWAY 231 NORTH PANAMA CITY, FL 32412-0462 TEL. (850) 785-0535 FAX (850) 747-0483

April 8, 2002

EFFECTIVE DATE

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

800005234578--4 -04/10/02--01019--006 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

Re: WELLNESS ALLIANCE, INC.

To Those It May Concern:

Enclosed are an original and one copy of the articles of incorporation and a check for \$70.00 for the filing fee for the referenced corporation.

Very truly yours,

Jacalyn N. Kolk

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JNK/jgj

**Enclosures** 

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### ARTICLES OF INCORPORATION

OF

# WELLNESS ALLIANCE, INC.



## ARTICLE I

**NAME** 

The name of this corporation shall be:

WELLNESS ALLIANCE, INC.

# ARTICLE II

Principal Office

The principal place of business/mailing address is:

340 W. 23<sup>rd</sup> Street, Suite K Panama City, Florida 32405

## ARTICLE III

<u>Purpose</u>

This corporation may engage in the transaction of any or all lawful business for which

Articles of Incorporation - 1

corporations may be incorporated under the law of the State of Florida.

#### ARTICLE IV

## **Shares**

The total number of shares of Capital Stock authorized to be issued by the corporation shall be 100 shares.

## ARTICLE V

# Registered Agent

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

Name

**Street Address** 

Jacalyn N. Kolk

4116 Highway 231 North Panama City, Florida 32404

# ARTICLE VI

# **Incorporator**

The name and address of the Incorporator is:

Name

<u>Address</u>

Jacalyn N. Kolk

4116 Highway 231 North

Panama City, Florida 32404

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.

JACALYN N. KOLK Incorporator/Registered Agent 4116 Highway 231 North

32404

Panama City, Florida

STATE OF FLORIDA COUNTY OF BAY

BEFORE ME, the undersigned authority, this day personally appeared JACALYN N. KOLK to me personally known or who has produced as identification and known to be the person described in and who signed the foregoing Articles of Incorporation, and she acknowledged before me that she executed the same freely and voluntarily for the uses and purposes herein expressed.

WITNESS my hand and official seal this \_\_\_\_\_ day of April, 2002.

SEAL

NOTARY PUBLIC

Sherri Corley

MY COMMISSION # CC864315 EXPIRES

August 18, 2003

BONDED THRU TROY FAIN INSURANCE, INC

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