

P02000105129

TRANSMITTAL LETTER

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

500007010245--9
-08/09/02--01029--004
*****70.00 *****70.00

SUBJECT: ALL ABOUT HEALTH OF NORTH FLORIDA, 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
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: Brad Ashmore
Name (Printed or typed)

330 A1A N, #306
Address

Ponte Vedra Beach, FL 32082
City, State & Zip

904-273-4101
Daytime Telephone number

FILED
02 SEP 30 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

W02-23329
8/8/13



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 13, 2002

BRAD ASHMORE
330 A1A NORTH, #306
PONTE VEDRA BEACH, FL 32082

SUBJECT: ALL ABOUT HEALTH OF FLORIDA, INC.
Ref. Number: W02000023329

We have received your document for ALL ABOUT HEALTH OF FLORIDA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum
Document Specialist
New Filing Section

Letter Number: 902A00047900

ARTICLES OF INCORPORATION

of

All About Health of Florida, Inc.

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:

All About Health of Florida, Inc.

ARTICLE II. PRINCIPLE OFFICE

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

**330 A1A North, #306
Ponte Vedra Beach, FL 32082**

ARTICLE III. PURPOSE

The purpose for which the corporation is organized is:

Any Lawful Enterprise

ARTICLE IV. SHARES

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

100 Voting

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TALLAHASSEE, FLORIDA

ARTICLE V. INITIAL OFFICERS/DIRECTORS

The names and street addresses are:

**Lorah Barber-Ashmore, Secretary
3395 Lighthouse Point Lane
Jacksonville Beach, FL 32250**

**Bradley K. Ashmore, President
3395 Lighthouse Point Lane
Jacksonville Beach, FL 32250**

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TALLAHASSEE, FLORIDA

ARTICLE VI. REGISTERED AGENT

The name and address of the registered agent are:

**Lorah Barber-Ashmore
3395 Lighthouse Point Lane
Jacksonville Beach, FL 32250**

ARTICLE VII. INCORPORATOR

The name and address of the incorporator are:

**Bradley K. Ashmore
3395 Lighthouse Point Lane
Jacksonville Beach, FL 32250**

Brad Ashmore 8-02-02

Signature/Incorporator/Date

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.

Lorah Barber-Ashmore

Signature /Registered Agent/Date