

PO2000127209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

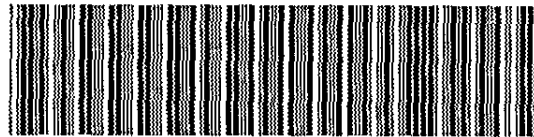
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

12/3/02

TRANSMITTAL LETTER

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

SUBJECT: Primary Health & Wellness, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Gordon E. Parks, Jr
Name (Printed or typed)

6404 Aberdeen Ave

Address

New Port Richey, Fl 34653

City, State & Zip

727-842-7992

Daytime Telephone number

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

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:

Primary Health & Wellness, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6404 Aberdeen Ave
New Port Richey, Fl 34653

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Massage, Colon Hydrotherapy, Reflexology

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Maria R Parks Pres. Gordon E.Parks, Jr. VP
6404 Aberdeen Ave
New Port Richey, Fl 34653

ARTICLE VI REGISTERED AGENT

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

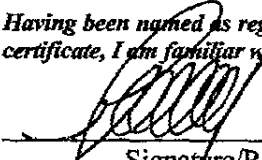
Gordon E. Parks, Jr.
6404 Aberdeen Ave
New Port Richey, Fl 34653

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maria R Parks
6404 Aberdeen Ave
New Port Richey, Fl 34653

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

11/11/02

Date



Signature/Incorporator

11/11/02

Date

FILED
02 NOV 25 PM 3:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA