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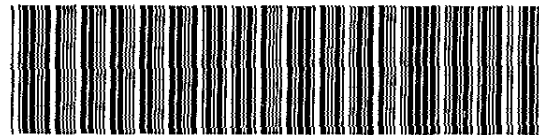
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01/10/03--01054--018 **78.75

RECEIVED
03 JAN 10 AM 11:18
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

W-924
FILED
03 JAN 13 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. INTERGRATIVE HEALTH CONCEPTS
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

January 10, 2003

LAZARUS

SUBJECT: INTERGRATIVE HEALTH CONCEPTS
Ref. Number: W03000000924

We have received your document for INTERGRATIVE HEALTH CONCEPTS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 103A00001469

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

INTERGRATIVE HEALTH CONCEPTS *INC.*

ARTICLE II - PRINCIPAL OFFICE

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

1550 MORENO AVENUE
FT. MYERS, FL 33901

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TALLAHASSEE, FLORIDA

ARTICLE III - SHARES

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

1000 SHARES

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LUKE MARSHALL
1550 MORENO AVENUE
FT. MYERS, FL 33901

ARTICLE V - INCORPORATOR

The name and street address of the incorporator of these Articles of incorporation is:

LUKE MARSHALL
1550 MORENO AVENUE
FT. MYERS, FL 33901

The undersigned incorporator has executed these Articles of Incorporation
this 23 day of December, 2003


Signature

ARTICLE VI - DIRECTORS

The names(s) and street address(es) of the director(s) of these Articles of Incorporation is
(are):

PRESIDENT
LUKE MARSHALL
1550 MORENO AVENUE
FT. MYERS, FL 33901

VICE-PRESIDENT
ANDY D'ANTONI
2213 TRAILWINDS DRIVE
FT. MYERS, FL 33907

TREASURER
JENNIFER MARSHALL
1550 MORENO AVENUE
FT. MYERS, FL 33901

ARTICLE VII PURPOSE

The purpose of this corporation is to provide nutritional, health and dieting services.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.


Registered Agent Signature

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