

PO30000 84872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

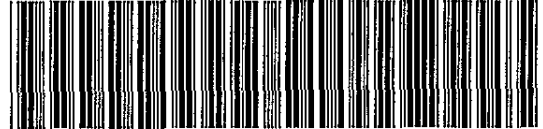
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TS 8/4/03

## TRANSMITTAL LETTER

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

SUBJECT: Health, Wealth and Compassion Network, 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: Jim Sealman  
Name (Printed or typed)

12802 NW 225A  
Address

Reddick, FL 32686  
City, State & Zip

352/591-2110  
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:

Health, Wealth + Compassion Network Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

12802 NW 225A Reddick, FL 32686

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Selling business opportunities

**ARTICLE IV SHARES**

The number of shares of stock is:

20,000,000 at .0001

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

James Seamans - president (James)  
12802 NW 225A  
Reddick, FL 32686

**ARTICLE VI REGISTERED AGENT**

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

James Seamans (James)  
12802 NW 225A  
Reddick, FL 32686

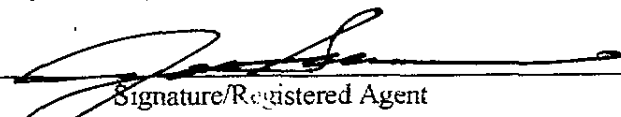
**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

James Seamans (James)  
12802 NW 225A  
Reddick, FL 32686

\*\*\*\*\*

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

  
\_\_\_\_\_  
Incorporator

7/29/03  
\_\_\_\_\_  
Date

7/29/03  
\_\_\_\_\_  
Date

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