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(Requestor's Name)

(Address)

(Address)

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STATE
ALLIANCE, FLORIDA

7/59/13/04

TRANSMITTAL LETTER

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

WELLBRIDGES, INC

SUBJECT:

WELLBRIDGES, INC EIN# 450521153

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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FROM:

DEBORAH J. POST WELLBRIDGES, INC
Name (printed or typed)

2424 Millcreek LN #202
Address

NAPLES FL 34119
City, State & Zip

239-293-5216
Daytime Telephone Number

WELLBRIDGES, INC

EIN# 450521153

CERTIFICATE OF DOMESTICATION

The undersigned, DEBORAH J. POST, DIRECTOR,
(Name) (Title)

of WELLBRIDGES, INC a foreign corporation,
(Corporation Name)

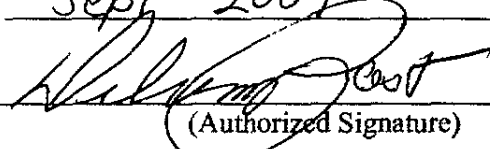
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was Aug 1, 2003.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was MIDDLETOWN, RHODE ISLAND.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was WELLBRIDGES, INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is WELLBRIDGES, INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was 270 BELLEVUE AVE #366 NEWPORT RI 02840.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am DEBORAH POST of WELLBRIDGES, INC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 8 day of Sept 2004


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

WELLBRIDGES, INC - EIN# 450521153

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

PERLMUTTER HEALTH CENTER
COMMONS MEDICAL CENTER
800 GOODLETTE RD. NORTH
SUITE 270
NAPLES, FL. 34102

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

TO PROVIDE INDIVIDUALS WITH INFORMATION AND SUPPORT SO THEY CAN BETTER UNDERSTAND AND DEAL WITH THEIR PERSONAL, NUTRITIONAL, HEALTH, WEIGHT, AND STRESS RELATED PROBLEMS AND ENHANCE THEIR WELLBEING.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

75,000 all shares are without nominal or par value.

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

DEBORAH J. POST
DIRECTOR
CHIEF EXECUTIVE OFFICER
SECRETARY
CHIEF FINANCIAL OFFICER

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

DEBORAH J. POST
2424 Millcreek Ln #202 Naples FL 34119

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

DEBORAH J. POST
2424 Millcreek Ln #202 Naples FL 34119

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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature/Registered Agent

Date

9/8/04

Signature/Incorporator

Date

9/8/04

06 SEP 13 PM 3:18
TALLAHASSEE, FLORIDA