

P04000161532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

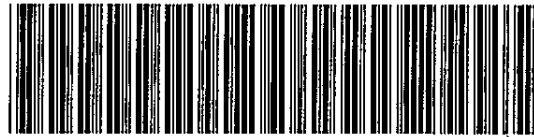
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/12/04--01033--020 **78.75

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2004 NOV 29 P 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature and date 11/1/04 over the Office Use Only section]

TRANSMITTAL LETTER

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

SUBJECT: Wellness 4 Life
(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
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: Elaine Roach
Name (Printed or typed)

P.O. Box 5752
Address

Miami FL 33014
City, State & Zip

(786) 402-9702
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 17, 2004

ELAINE ROACH
P.O. BOX 5752
MIAMI, FL 33014

SUBJECT: WELLNESS 4 LIFE, INC.
Ref. Number: W04000042245

We have received your document for WELLNESS 4 LIFE, INC.. However, the document has not been filed and is being returned for the following:

The document must state the number of shares of authorized stock.

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) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 104A00065504

*** 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:

Wellness 4 Life, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 5752 Miami FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health & wellness lifestyle design.

ARTICLE IV SHARES 1,000,000

The number of shares of stock is:

N/A 1 million

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*ELAINE ROACH
President*

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

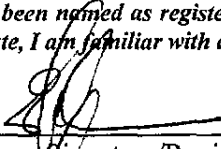
*18932 Bob-o-Link Drive ELAINE ROACH
Miami FL 33015*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Wellness 4 Life. ELAINE ROACH
P.O. Box 5752
Miami FL 33014*


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

11/9/04

Date



Signature/Incorporator

11/9/04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA