

PD5000057427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

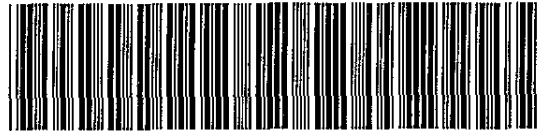
(Document Number)

Certified Copies _____

Certificates of Status _____

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 APR 19 PM 2:40

TRANSMITTAL LETTER

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

SUBJECT: The Health Wizard .Com, 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 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: Robert Killian
Name (Printed or typed)

3275 Majestic Oak Dr
Address

Saint Cloud, Florida 34771
City, State & Zip

407-892-1019 ext 304
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 6, 2005

ROBERT KILLIAN
3275 MAJESTIC OAK DRIVE
SAINT CLOUD, FL 34771

SUBJECT: THE HEALTH WIZARD.COM, INC.
Ref. Number: W05000017462

We have received your document for THE HEALTH WIZARD.COM, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6067.

Neysa Culligan
Document Specialist
New Filings Section

Letter Number: 805A00023443

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 APR 19 PM 2:40

ARTICLE I NAME

The name of the corporation shall be:

THEHEALTHWIZARD.COM,Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3275 Majestic Oak Dr.
Saint Cloud, FL 34771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Domestic Profit

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robert Killian, Owner

ARTICLE VI REGISTERED AGENT

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

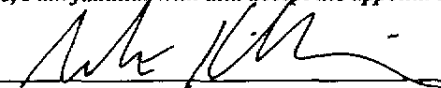
Robert Killian
3275 Majestic Oak Dr.
Saint Cloud, FL 34771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert Killian
3275 Majestic Oak Dr.
Saint Cloud, FL 34771


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

4-11-05

Date



Signature/Incorporator

4-11-05

Date