

PA 000121371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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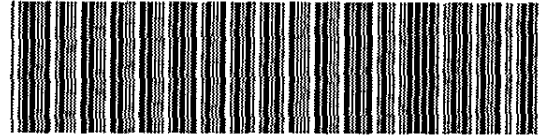
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Well Springs, 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: Roy Loudon
Name (Printed or typed)

1425 Lund Avenue
Address

Kissimmee, FL 34744
City, State & Zip

407 931 0614
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: Wellsprings, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 2215 Pelican Drive
Sarasota, FL 34237

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Own and operate an oriental
medical business.

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Roy Loudon 1425 Lund Avenue
Director Kissimmee, FL 34744

ARTICLE VI REGISTERED AGENT

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

Roy Loudon 1425 Lund Avenue
Kissimmee, FL 34744

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Roy Loudon 1425 Lund Avenue
Kissimmee, FL 34744

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

Roy Loudon
Signature/Registered Agent

9-18-06
Date

Roy Loudon
Signature/Incorporator

9-18-06
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA