## P08000015484

(Re	questor's Name)			
(Ad	dress)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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SECINCIARY OF STATE
TALLAHASSEE, FLORIDA

2-12-08

## **COVER LETTER**

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

SUBJECT:	Wellness Center (PROPOSED CORPORA	· RX	
	(PROPOSED CORPORA	ATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	l a check for:
□ \$70.00	\$78.75	\$78.75	<b>□</b> \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
r ming rec	& Certificate of Status	& Certified Copy	_
	ce continuate of Status	a commed copy	& Certificate of
			Status
	,	ADDITIONAL CO	PY REQUIRED
	, n		
FROM:	EMMANUEL	P. Inwang	_
	Name (Printed or typed)		
	_		•
_	2110 Sout	Adams Street	+ Swife C
		Address	
	Tallahessee	, FL 323	10/
-	City,	State & Zip	
	<i>(</i> = - =	/	
	22 So 222	1163 / 85	0-264-7509
-	Dautima T	Talambana mumbark	

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

ARTICLES OF INCORPORATION	TAG _
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	08 F
ARTICLE I NAME	AHA.
The name of the corporation shall be:	NSSE 2
Wellness Center Rx INC	
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  2110 South Adams Street Suite	03 ORIDA
Tallahassee, FL 323041	,
ARTICLE III PURPOSE	· .
The purpose for which the corporation is organized is:	
Health Care Screening + Cons	ultation
ARTICLE IV SHARES	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	,
Emmmuel P. I Novang (PMSI  210 South Adams sheet Suite.  Tallohassee, FL 32301	dent)
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registe	ered agent is:
Emmanue/ P. INWAMZ	
EMMANUE / P. INWANZ 2110 South Adams Sheet Suite C	
Tallahassee, FC 32301	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	·
E P. Toman	
Emmonul P. Imang 2110 South Adams Street Swite	_
Tallahassee, FL 3 230 1	,
*****************	
Having been named as registered agent to accept service of process for the above stated corpo certificate, I am familiar with and accept the appointment as registered agent and agree to act i	ration at the place designated in this in this capacity
(melley	2/12/08
Signature/Registered Agent	2/12/08 Date
- Color	2/12/08
Signature/Incorporator	Date