

PO80000 72325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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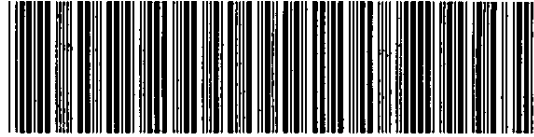
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

COVER LETTER

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

SUBJECT: OmniSource Health and Wellness, 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: Kathleen N. Boyle, MPT
Name (Printed or typed)

3141 Lakestone Drive

Address

Tampa, FL 33618

City, State & Zip

813.758.7798

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: OmniSource Health and Wellness, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

17523 North Dale Mabry Highway
Lutz, FL 33548

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide quality health care and wellness services and education through both conventional and proven alternative methods, employing or contracting with properly licensed, certified, or trained health care providers and educators.

ARTICLE IV SHARES The number of shares of stock is: 1000 shares in OmniSource Health and Wellness, Inc. Each share is originally valued at \$1.00. The company shall have only one class of stock. All outstanding shares of the corporation's stock shall confer identical rights to distribution and liquidation proceeds.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s) address(es) and specific title(s):

Kathleen N. Boyle, MPT
President and Secretary

3141 Lakestone Drive
Tampa, FL 33618

Rose Mary Ammons, Ed.D.
Vice President and Treasurer

3141 Lakestone Drive
Tampa, FL 33618

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is: Rose Mary Ammons, Ed.D.

3141 Lakestone Drive
Tampa, FL 33618

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Kathleen N. Boyle, MPT
3141 Lakestone Drive
Tampa, FL 33618

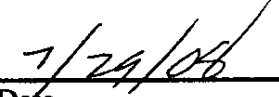
ARTICLE VIII EFFECTIVE DATE

The effective date for the incorporation of OmniSource Health and Wellness, Inc. is July 29, 2008.

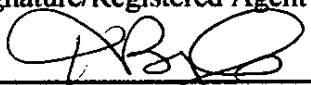
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent



Date



Signature/Incorporator

7-29-08

Date

FILED
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TAMPA FLORIDA
CLERK OF STATE