

P08000076929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

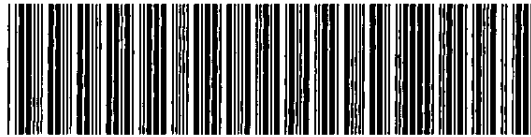
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



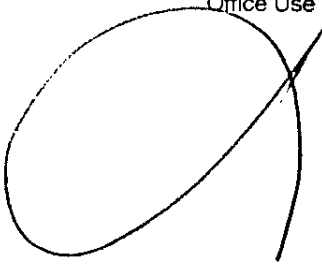
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

 8/19-

## COVER LETTER

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

SUBJECT: HEALTH AND WELLNESS ADVISOR, 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: SUSAN L. JAKERS  
Name (Printed or typed)

312 SW MACLAY WAY  
Address

PORT ST. LUCIE, FL 34986  
City, State & Zip

772-801-9182  
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: HEALTH AND WELLNESS  
ADVISOR, INC.

## ARTICLE II PRINCIPAL OFFICE

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

312 SW MACLAY WAY  
PORT ST. LUCIE, FL 34986

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH AND WELLNESS PRODUCTS AND  
SERVICES

## 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):

SUSAN L. JAKERS 312 SW MACLAY WAY  
PORT ST. LUCIE, FL 34986 PRESIDENT/  
SECRETARY

## ARTICLE VI REGISTERED AGENT

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

SUSAN L. JAKERS 312 SW MACLAY WAY  
PORT ST. LUCIE, FL 34986

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SUSAN L. JAKERS 312 SW MACLAY WAY  
PORT ST. LUCIE, FL 34986

\*\*\*\*\*

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

Susan Jakers  
Signature/Registered Agent

Susan Jakers  
Signature/Incorporator

8/14/08  
Date  
8/14/08  
Date

FILED  
08 AUG 19 PM 3:42  
CLERK OF STATE  
TALLAHASSEE, FLORIDA