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SECRETARY OF SIANS
ALLAMASSEE TO SIANS

COVER LETTER

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

SUBJECT: _	HeALth Woo	eld of	North	Florida	IUC-
	(PROPOSED CORI	PORATE NAME	- MUST INCLU	DE SUFFIX)	

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

Filing Fee

& Certified Copy

\$87.50

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	Joseph O. Miller III					
	Name (Printed or typed)					
	4024 N. MONROE St	_				
	Address					
	TALLAHASSCE, Fl 32303	_				
	City, State & Zip					
	904-536-1109	_				
	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 WORLD OF NORTH FLORIDA, INC. PRINCIPAL OFFICE VIII Effective Date The principal place of business/mailing address is: 4024 N. MONROE St. TA/IAHASSEC F/ 32303 ARTICLE III PURPOSE Shall be 1-1-09 The purpose for which the corporation is organized is: PROVIDE HEALTH Solutions ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Joseph Miller/ President-owner 4024 N. Monroe St. TAILAHASSER FI 32303 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 4024 N. Monree St. ARTICLE VII INCORPORATOR 32303 The name and address of the Incorporator is: Joseph O. Miller 4024 N. MONROE St. TAllAHASSEC, Fl 32303 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