

PO9000026099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 MAR 23 PM 12:07
APPROVED FOR FILING
FEB 17 2009

[Handwritten signature]

COVER LETTER

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

SUBJECT: Aging Warrior Health, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: John R Frye III

Name (Printed or typed)

2216 Brookhaven Dr

Address

Sarasota, FL 34239

City, State & Zip

941-928-0660

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2009

JOHN R FRYE III
2216 BROOKHAVEN DR
SARASOTA, FL 34239

SUBJECT: AGING WARRIOR HEALTH, INC.
Ref. Number: W09000010508

We have received your document for AGING WARRIOR HEALTH, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Paisley A Alford
Clerk
New Filing Section

Letter Number: 709A00007654

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:

Aging Warrior Health, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2216 Brookhaven Dr
Sarasota, Florida 34239

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is:

10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

John R Frye III	Dee Ann Frye
2216 Brookhaven Dr	2216 Brookhaven Dr
Sarasota, Florida 34239	Sarasota, Florida 34239
President/Director	Secretary/Director

ARTICLE VI REGISTERED AGENT

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

Dee Ann Frye
2216 Brookhaven Dr
Sarasota, Florida 34239

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dee Ann Frye
2216 Brookhaven Dr
Sarasota, Florida 34239

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

Dee Ann Frye
Signature/Registered Agent

3-18-09
Date

Dee Ann Frye
Signature/Incorporator

3-18-09
Date

FILED
09 MAR 23 PM 12:07
SARASOTA, FLORIDA