

PO9000034754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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400150264344

04/16/09--01022--020 **70.00

FILED
09 APR 16 PM 8:35
NOTARY OF STATE
SULLIVAN COUNTY

COVER LETTER

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

SUBJECT: ULTROID WELLNESS CENTERS, 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: MICHAEL KNOX

Name (Printed or typed)

780 CARILLON PARKWAY, SUITE 240

Address

ST PETERSBURG, FL 33716

City, State & Zip

727-898-0717

Daytime Telephone number

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



780 Carillon Parkway - Suite 240
St. Petersburg, FL 33716

April 10, 2009

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

Re: Entity Name: Ultroid Wellness Centers, Inc.
Tracking No.: 400149163384

Dear Sir/Madam:

We received the attached email indicating that the referenced name and document are not available because another existing entity used the name, e.g. Ultroid Wellness Centers of Florida, LLC (L08000094516).

We are the owners of Ultroid Wellness Centers of Florida, LLC, and we are closing that entity. We are releasing the rights to the name "Ultroid Wellness Centers, Inc." so please allow the name/document for Ultroid Wellness Centers, Inc. to go forward with filing.

You may reach me at 727-898-0717 to verify this information further.

Sincerely,

Michael A. Knox,
CFO for Ultroid Wellness Centers
of Florida, LLC and Ultroid Wellness
Centers, Inc.

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:

ULTROID WELLNESS CENTERS, INC.

ARTICLE II PRINCIPAL OFFICE

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

780 CARILLON PARKWAY, SUITE 240
ST PETERSBURG, FL 33716

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is:
50,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRES
DAVE VAUTRIN
780 CARILLON PKWY, STE 240
ST PETERSBURG, FL 33716

ARTICLE VI REGISTERED AGENT

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

MICHAEL KNOX
780 CARILLON PARKWAY, SUITE 240
ST PETERSBURG, FL 33716

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL KNOX
780 CARILLON PARKWAY, SUITE 240
ST PETERSBURG, FL 33716

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

4/10/09

Date

Signature/Incorporator

4/10/09

Date

FILED
09 APR 16 PM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA