

P09000067770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

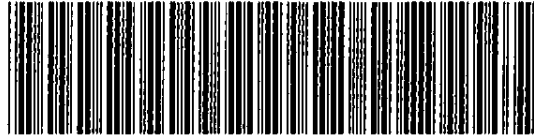
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400158728034

07/23/09--01022--026. \*\*87.50

FILED  
09 AUG 10 AM 10:50  
RECEIVED  
ALL INFORMATION PLACED  
HEREIN IS UNCLASSIFIED  
DATE 07/23/09 BY 60321  
UCBA

W09000033979

NCH  
8-12-09

## COVER LETTER

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

SUBJECT: Health & Wellness Institute of South Florida, 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

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Jhawed Khayoumi, MD  
Name (Printed or typed)

1551 North Flagler Drive, Apt 612  
Address

West Palm Beach, FL, 33401  
City, State & Zip

(718)666-5695  
Daytime Telephone number

jhawedkhayoumi@yahoo.com  
E-mail address: (to be used for future annual report notification)

**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 & Wellness Institute of South Florida, Inc.

### **ARTICLE II    PRINCIPAL OFFICE**

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

1551 North Flagler Drive, Apt 612  
West Palm Beach, FL, 33401

### **ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Evidence based partnerships for life-long health.

### **ARTICLE IV    SHARES**

The number of shares of stock is:

1000

### **ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

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

Jhawed Khayoumi, M.D., President  
1551 North Flagler Drive, Apt 612  
West Palm Beach, FL, 33401

### **ARTICLE VI    REGISTERED AGENT**

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

Jhawed Khayoumi  
1551 North Flagler Drive, Apt 612  
West Palm Beach, FL, 33401

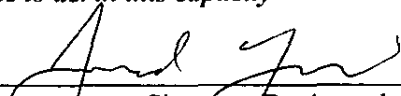
### **ARTICLE VII    INCORPORATOR**

The name and address of the Incorporator is:

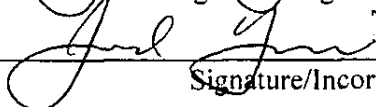
Jhawed Khayoumi  
1551 North Flagler Drive, Apt 612  
West Palm Beach, FL, 33401

\*\*\*\*\*

*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



Signature/Incorporator

8/2/09

Date

8/2/09

Date

FILED  
09 AUG 10 AM 10:50  
CLERK OF COUNTY OF PALM BEACH, FL