

P10000052931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

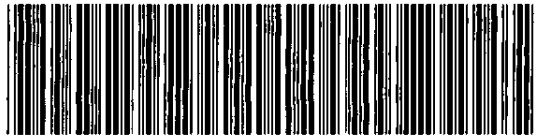
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/08/10--01046--010 **78.75

FILED

10 JUN 23 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W10000011840

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1-24-10 4

COVER LETTER

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

SUBJECT: Epress Wellness Clinic 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: Andrea Holloway
Name (Printed or typed)

824 villa Ridge Park way
Address

Lawrenceville GA 30044
City, State & Zip

202-202-497-9584
Daytime Telephone number

amholloway@att.net
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2010

ANDREA HOLLOWAY
824 VILLA RIDGE PARKWAY
LAWRENCEVILLE, GA 30044

SUBJECT: EXPRESS WELLNESS CLINIC INC
Ref. Number: W10000011840

We have received your document for EXPRESS WELLNESS CLINIC INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6869.

Christine Haney
Senior Clerk
New Filing Section

Letter Number: 510A00005801

FILED
10 JUN 23 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Express Wellness Clinic Inc

ARTICLE II PRINCIPAL OFFICE

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

151 East Redstone Ave
Crestview FL 32539

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Physician Assistant as a independent Contractor

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):

Andrea Holloway 824 villa Ridge Parkway Lawrenceville GA 30044, Director CEO

ARTICLE VI REGISTERED AGENT

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

ERIC PERSON
323 race track Rd NW unit 3112
Fort Walton Beach
Florida
32547

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Andrea Holloway
824 villa Ridge Parkway Lawrenceville GA 30044

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

Eric Person

Signature/Registered Agent

Andrea Holloway

Signature/Incorporator

2/24/10
Date

2/24/10
Date