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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-28-10 9

COVER LETTER

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

SUBJECT: NATURALLY WELL 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: SHEILA M. COOPERMAN
Name (Printed or typed)

6562 VIA REGINA #3
Address

BOCA RATON, FL 33433
City, State & Zip

561-289-0083
Daytime Telephone number

sheilamcooperman@aol.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:

NATURALLY WELL INC.

ARTICLE II PRINCIPAL OFFICE

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

6562 VIA REGINA #3
BOCA RATON, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DEVELOP, PROMOTE & MARKET WELLNESS PRODUCTS.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SHEILA M. COOPERMAN - PRES. & SECY.
6562 VIA REGINA #3
BOCA RATON, FL 33433

ARTICLE VI REGISTERED AGENT

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

SHEILA M. COOPERMAN
6562 VIA REGINA #3
BOCA RATON, FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SHEILA M. COOPERMAN
6562 VIA REGINA #3
BOCA RATON, FL 33433

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

Sheila M Cooperman
Signature/Registered Agent

6/22/2010
Date

Sheila M Cooperman
Signature/Incorporator

6/22/2010
Date

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JUN 25 AM 11:50
10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA