

PI 0000093912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1 Bureau NOV 17 2010

## COVER LETTER

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

SUBJECT: Improve Your Wellness 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: Jeffery Shave Dickens  
Name (Printed or typed)

Po Box 4551  
Address

Key West FL 33040  
City, State & Zip

305-398-8333  
Daytime Telephone number

ImproveYourWellness@gmail.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: Improve Your Wellness Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

61 Golf Club Dr.  
Key West FL 33040

Mailing address, if different is:

PO Box 4551  
Key West FL 33041

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: General business.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Jeffery Dickens CEO

Address:

61 Golf Club Dr.  
Key West FL 33040

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: Jeffery Dickens

Address: 61 Golf Club Dr.

Key West FL 33040

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jeffery Shane Dickens

Address: 61 Golf Club Dr.

Key West FL 33040

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

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Date

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2010 NOV 15 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Nov 9th 2010

Nov 4th 2010