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(Requestor's Name)			
(Address)			
(Address)			
(City(State/Tie/Dhone #2			
(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



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COVER LETTER

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

SUBJECT: Total Wellness Essentials Inc.			
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status		
	ADDITIONAL COPY REQUIRED		
FROM: Steven Franklin Name	(Printed or typed)		
8183 Omaha Cir.			
Address			
Spring Hill, FL 34606 City, State & Zip			
(352) 410-8313 Daytime T	elephone number		
StevenMFranklin@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 N The name of the corpo	Total Wellness Essentia bration shall be:	is inc.	
818	RINCIPAL OFFICE Principal street address 33 Omaha Cir. ring Hill, FL 34606		address, if different is:
ARTICLE III PO The purpose for which To engage the	TRPOSE the the corporation is organized is: world in an exploration of the esser	itials of optimal hea	ASS 1
ARTICLE V II	HARES of stock is: 10,000,000 VITIAL OFFICERS AND/OR DIRECTOR :Steven Franklin, CEO, P, D, S, T 8183 Omaha Cir.	Name and Title:	MI2: 40 FLORID
	Spring Hill, FL 34606	Name and Title:	
Name and Title Address:		Name and Title: Address:	
	EGISTERED AGENT a street address (P.O. Box NOT acceptable) of Steven Franklin 8183.Omaha Cir. Spring Hill, FL 34606		
	vcorporator ss of the Incorporator is: Steven Franklin 8183 Omaha Cir. Spring Hill, FL 34606	- -	
Having been named this certificate, I am fo	as registered agent to accept service of process amiliar with and accept the appointment as regi	stered agent and agree to	poration at the place designated in act in this capacity
	U, CE	<u></u>	3/2/2011
I submit this docume document to the Depar	Required Signature/Registered Agent and affirm that the facts stated herein are rement of State constitutes a third degree felony	true. I am aware that th as provided for in s.817.	Date te false information submitted in a 155, F.S.
	, CEC	ク	3/2/2011
	Required Signature/Incorporator	<u> </u>	3/2/2011 Date