

PI1000050238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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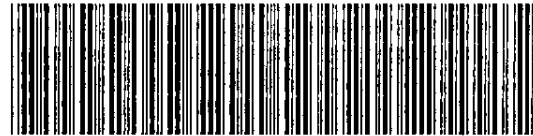
(Business Entity Name)

(Document Number)

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

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2011 MAY 25 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SC 5/27

## COVER LETTER

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

SUBJECT: Medical Wellness Institute of America, 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: John Mark Fannin

Name (Printed or typed)

4600 N. Davis Highway

Address

Pensacola, FL 32503

City, State & Zip

850-477-9073

Daytime Telephone number

NewAgeBiomedicalservices@gmail.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

2011 MAY 25 PM 2:30

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**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**

Medical Wellness Institute of America, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4600 N. Davis Highway  
Pensacola, FL 32503

Mailing address, if different is:  
4600 N. Davis Highway  
Pensacola, FL 32503

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of this corporation is organized it to provide modern medical treatments and therapies such as anti-aging treatments, weigh loss plans/assistance, and pain management in order to services the needs of our community members.

**ARTICLE IV SHARES**

The number of shares of stock is: 300 million shares

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

Name and Title: John Mark Fannin- President  
Address: 4276 Walden Way  
Gulf Breeze, FL 32563

Name and Title: Robert C. Harbour  
Address: 3115 Brittany Place  
Pensacola, FL 32504

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: John Mark Fannin  
Address: 4276 Walden Way  
Gulf Breeze, FL 32563

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Holly A. Clemetns  
Address: 3875 Gerhardt Drive  
Pensacola, FL 32503

*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

May 20, 2011  
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

May 20, 2011  
Date

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TALLAHASSEE, FLORIDA