

P11000101953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

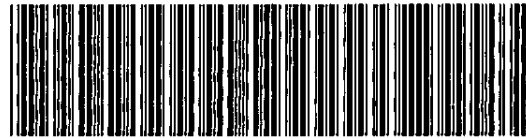
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Certified Copies _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 11/30/11

Financial Health Concepts, Inc.
3748 Chuluota Rd.
Orlando, FL 32820

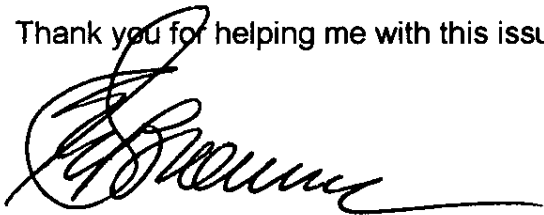
Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

This letter is to inform you of:

- 1) I have no intention of reinstating the old corporation (Financial Health Concepts, Inc.) State of Florida Document # P95000089792. And further, that I am therefore going to use the same name to incorporate that name again. (see below)
- 2) Since it is my understanding after talking with a person at Div. of Corporations, that if I release the old name that I can submit another corporation using the same name.
- 3) Enclosed are the Articles of Incorporation for the next corporation

Thank you for helping me with this issue,



George M. Brown

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Financial Health Concepts, 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: George M. Brown

Name (Printed or typed)

3748 Chuluota Rd.

Address

Orlando, FL 32820

City, State & Zip

407-568-2452

Daytime Telephone number

macbrown46@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: **Financial Health Concepts, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
3748 Chuluota Rd.
Orlando, FL 32820

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To incorporate a home-based Melaleuca business

ARTICLE IV SHARES

The number of shares of stock is: **1,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **George M. Brown, President, Dir**
Address: **3748 Chuluota Rd.**
Orlando, FL 32820

Name and Title: _____
Address: _____

Name and Title: **Juanita M. Brown, VP, Dir**
Address: **3748 Chuluota Rd.**
Orlando, FL 32820

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: **George M. Brown**
Address: **3748 Chuluota Rd.**
Orlando, FL 32820

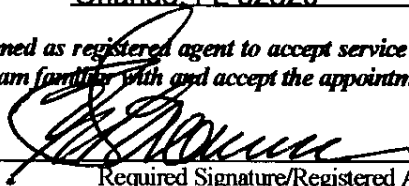
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **George M. Brown**
Address: **3748 Chuluota Rd.**
Orlando, FL 32820

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TALLAHASSEE, FLORIDA

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

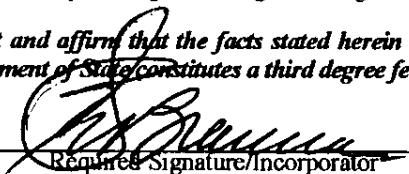


Required Signature/Registered Agent

10-10-11

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

10-10-11

Date