

P11000105220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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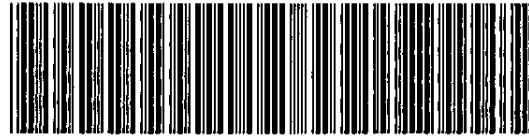
(Business Entity Name)

(Document Number)

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

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Effective Date Jan. 01, 2012

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FILED  
2011 DEC -9 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch DEC 12 2011

## COVER LETTER

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

SUBJECT: Global Wellness Center, 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: Brian Zebay  
Name (Printed or typed)  
1127 FAIRLAKE TRACE #2105  
Address  
WESTON, FL 33326  
City, State & Zip  
305-301-2443  
Daytime Telephone number  
BMZSFL@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)

FILED

2011 DEC -9 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Global Wellness Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different

1127 FAIRLAKE TRACE  
#2105  
WESTON, FL 33326

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL BUSINESSES Permitted by the STATE of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES

Effective Date Jan 01, 2012

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

Name and Title: BRIAN ZOBENY, PRES.  
Address: 1127 FAIRLAKE TRACE  
#2105  
WESTON, FL 33326

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: BRIAN ZOBENY  
Address: 1127 FAIRLAKE TRACE #2105  
WESTON, FL 33326

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BRIAN ZOBENY  
Address: 1127 FAIRLAKE TRACE #2105  
WESTON, FL 33326

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

Brian Zobeny

Required Signature/Registered Agent

12/5/2011  
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.

Brian Zobeny

Required Signature/Incorporator

12/5/2011  
Date

EFFECTIVE DATE IS 1/1/2012