

P 12000003505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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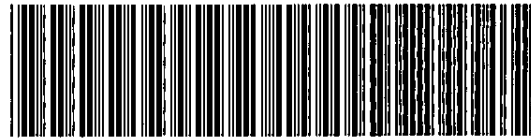
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

J. 1/11/12

COVER LETTER

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

SUBJECT: Health & Wellness Publishing, 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: Health & Wellness Network, Inc.

Name (Printed or typed)

1776 11th Ave N

Address

St. Petersburg, FL 33713

City, State & Zip

1-800-560-5148

Daytime Telephone number

Contact@hwchannel.com

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

DEPT. OF STATE
TALLAHASSEE, FLORIDA

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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

The name of the corporation shall be: Health & Wellness Publishing, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1776 11th Ave N
St. Petersburg, FL 33713

Mailing address, if different is:
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All types of publishing for local, national, and international business.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Drew Nederpelt - CEO / Director
Address: 3580 Belle Vista Dr
St. Pete Beach, FL 33706

Name and Title: Randy Gruber - VP
Address: 2310 39th Ave N
St. Petersburg, FL 33714

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: Health & Wellness Network, Inc.
Address: 1776 11th Ave N
St. Petersburg, FL 33713

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Drew Nederpelt
Address: 3580 Belle Vista Dr
St. Pete Beach, FL 33706

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

1/3/2012

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

1/3/2012

Date