

P12000090109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

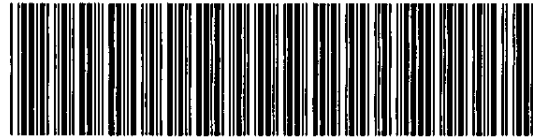
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OCT 25 2012

EXAMINER



100240177081

10/05/12--01020--002 **113.75

FILED
12 OCT 25 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2012

LINDA ROYER, PHD, RN
4209 KINGBIRD COURT
ORLANDO, FL 32826

SUBJECT: FRAMEWORK HEALTH, INC.
Ref. Number: W12000051530

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12 OCT 25 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FRAMEWORK HEALTH, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we are **STILL RETAINING** the \$113.75 payment sent with your first filing. But we are **RETURNING** the \$35.00 check sent with your second filing.

You have submitted Articles of Incorporation to form a for-profit corporation.

In Article IV, a for-profit corporation must list the number of shares of stock the corporation is going to be authorized to issue. We cannot accept **NONE** in Article IV.

The \$113.75 amount is more than enough to cover the fees of filing your Articles of Incorporation. No additional fees are needed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 112A00025670

COVER LETTER

TO: Registration Section
Division of Corporations
FrameWork Health, Inc. (EIN: 45-4959306)

SUBJECT: _____
Name of Resulting Florida Profit Corporation

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12 OCT 25 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Linda Royer, PhD, RN

Contact Person

FrameWork Health, Inc.

Firm/Company

4209 Kingbird Court

Address

Orlando, FL 32826

City, State and Zip Code

linda.royer@gmail.com

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

For further information concerning this matter, please call:

Linda Royer at (407) 601-0056
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees
- \$113.75 Filing Fees and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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: Framework Health, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 4209 Kingbird Ct.
Orlando, FL 32826

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To promote health through programs and education services

ARTICLE IV SHARES

The number of shares of stock is: None 500 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Linda Royer
Address: 4209 Kingbird Ct.
Orlando, FL 32826
President

Name and Title: Ronald Royer, V.P. & Secy
Address: Same as

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: Ronald Royer
Address: 4209 Kingbird Ct.
Orlando, FL 32826

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Linda Royer
Address: 4209 Kingbird Ct.
Orlando, FL 32826

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

[Signature of Ronald Royer]

Required Signature/Registered Agent

09-12-12
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.

[Signature of Linda Royer]

Required Signature/Incorporator

10-12-12
Date