

P120000096825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

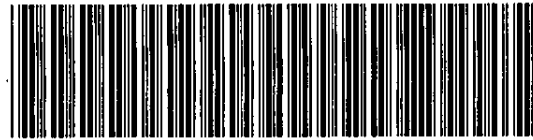
(Document Number)

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

Special Instructions to Filing Officer:

W12-57165

Office Use Only



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11/09/12--01004--009 \*\*78.75

FILED  
12 NOV 21 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Pure Natural Medicine, PA

(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: Neal Wieder

Name (Printed or typed)

2139 West State Road 434, #102

Address

Longwood, Fl. 32779

City, State & Zip

407-682-4454

Daytime Telephone number

drwieder@bellsouth.net

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

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2012

NEAL WIEDER  
2139 WEST STATE ROAD 434, #102  
LONGWOOD, FL 32779

SUBJECT: PURE NATURAL MEDICINE, PA  
Ref. Number: W12000057165

We have received your document for PURE NATURAL MEDICINE, PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 312A00027377

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

**ARTICLE I NAME**

The name of the corporation shall be:

Pure Natural Medicine, PA

12 NOV 21 PM 12: 21

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2139 West State Road 434, #102

Longwood, Florida 32779

Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Health services such as chiropractic care,  
acupuncture, nutritional counselling, massage therapy,  
medical care.

**ARTICLE IV SHARES**

The number of shares of stock is:

100 (one hundred)

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

Name and Title: Neal Wieder, President

Address: 2139 West State Road, #102

Longwood, Florida 32779

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Sheila L. Scott, Vice-President

Address: 2139 West State Road, #102

Longwood, Florida 32779

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Sheila L. Scott, Secretary

Address: 2139 West State Road, #102

Longwood, Florida 32779

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: Sheila L. Scott

Address: 2139 West State Road 434, #102

Longwood, Florida 32779

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Neal Wieder

Address: 2139 West State Road 434, #102

Longwood, Florida 32779

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

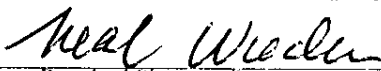


Required Signature/Registered Agent

11-05-2012

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

11-05-2012

Date