

P13000051220

(Requestor's Name)

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(City/State/Zip/Phone #)

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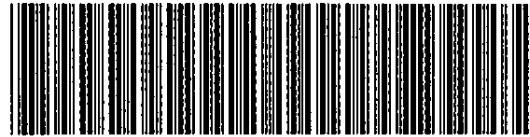
(Business Entity Name)

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13 JUN 12 AM 10:04
SEC. CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: WELLNESS & FIT for LIFE, P.A.

(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: LEANNE SUROCHAK

Name (Printed or typed)

1711 CYPRESS TRACE DRIVE

Address

SAFETY HARBOR, FL 34695

City, State & Zip

727-366-2175

Daytime Telephone number

ORDINARY_ZEN@YAHOO.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: WELLNESS & FIT for LIFE, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1711 CYPRESS TRACE DRIVE
SAFETY HARBOR, FL 34695

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: WELLNESS AND NUTRITION CONSULTING

ARTICLE IV SHARES

The number of shares of stock is: 2 million

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEANNE SUROCHAK, RN

Address: 1711 CYPRESS TRACE DR
SAFETY HARBOR, FL 34695

Name and Title: TERESA VAUGHT, RN

Address: 2717 SEVILLE BLVD #13104
CLEARWATER, FL 33767

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUN 12 AM 10:04

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(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LEANNE SUROCHAK
Address: 1711 CYPRESS TRACE DRIVE
SAFETY HARBOR, FL 34695

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TERESA VAUGHT
Address: 2717 SEVILLE BLVD. #13104
CLEARWATER, FL 33767

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

5-31-13
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

5-31-13
Date

13 JUN 12 AM 10:07
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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