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DIVISION OF CORPORATIONS

9/17

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COVER LETTER

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

SUBJECT: **Restorative Wellness, 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: **James P. Hallatt**

Name (Printed or typed)

4121 Mariner Blvd.

Address

Spring Hill, FL 34609

City, State & Zip

(352) 340-5924

Daytime Telephone number

hzink@restorativetherapyflorida.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: Restorative Wellness, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4121 Mariner Blvd.

Spring Hill, FL 34609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Massage, Nutrition, and Personal Training.

ARTICLE IV SHARES 100

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James P. Hallatt, President

Address: 4121 Mariner Blvd.

Spring Hill, FL 34609

Name and Title: Justin Spiegel, VP

Address: 4121 Mariner Blvd.

Spring Hill, F 34609

Name and Title: Robert Nye, VPT

Address: 4121 Mariner Blvd.

Spring Hill, FL 34609

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP 12 PM 3:57

(conti.)

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: James P. Hallatt

Address: 4121 Mariner Blvd.

Spring Hill, FL 34609

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: James P. Hallatt

Address: 4121 Mariner Blvd.

Spring Hill, FL 34609

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

9-9-2013
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

9-9-2013
Date

FILED
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