

COVER LETTER

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

SUBJECT: Life Wellness Center, 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: Robert R. Mariner D.C.

Name (Printed or typed)

1111 Myrtle Breezes Ct.

Address

Fruitland Park, Florida, 34731

City, State & Zip

352-461-6960

Daytime Telephone number

drmariner@prodigy.net

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

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

13 OCT -7 PM 3:15

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME
The name of the corporation shall be: Life Wellness Center, P. A.

13 OCT -7 PM 3:15

ARTICLE II PRINCIPAL OFFICE
Principal street address
607 Hwy 466 - Suite C
Lady Lake, FL 32159

Mailing address, if different is:
1111 Myrtle Breezes Ct.
Fruitland Park, FL 34731

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Chiropractic Medicine

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|---|-----------------|-------|
| Name and Title: | <u>Robert Mariner - Director</u> | Name and Title: | _____ |
| Address | <u>1111 Myrtle Breezes Ct.</u> <u>Fruitland Park, FL 34731</u> | Address: | _____ |

| | | | |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address | _____ | Address: | _____ |

| | | | |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address | _____ | Address: | _____ |

(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: Dr. Robert Mariner
 Address: 1111 Myrtle Breezes Ct.
Fruitland Park, FL 34731DD

ARTICLE VII INCORPORATOR

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

Name: Dr. Robert Mariner
 Address: 1111 Myrtle Breezes Ct.
Fruitland Park, FL 34731

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

Robert Mariner D.C.
 Required Signature/Registered Agent

July 17, 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.

Robert Mariner D.C.
 Required Signature/Incorporator

July 17, 2013
 Date

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 13 OCT -7 PH 3: 15