

P13000097480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

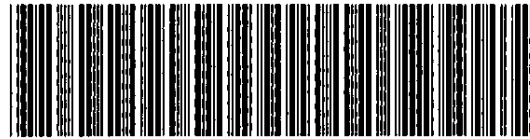
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **E.S. Wellness & Healing, 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: **Erica Sanes**

Name (Printed or typed)

140 Montclair Drive

Address

Weston FL 33326

City, State & Zip

054 389 8698

Daytime Telephone number

taondrel@aol.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: E.S. Wellness & Healing, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

140 Montclair Drive

Weston FL 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide services and products that include but are not limited to wellness and healing.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Erica Sanes, President

Address: 140 Montclair Drive

Weston FL 33326

Name and Title: Amelia Sanes, Vice President

Address: 140 Montclair Drive

Weston FL 33326

Name and Title: Ronald Sanes, Director

Address: 140 Montclair Drive

Weston FL 33326

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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13 DEC - 5 22 PM
CLERK OF STATE
TALLAHASSEE FLORIDA

(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: Amelia Sanes
Address: 140 Montclair Drive
Weston FL 33326

ARTICLE VII INCORPORATOR

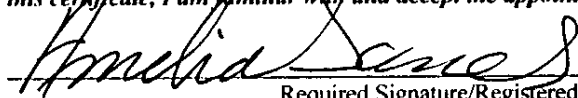
The name and address of the Incorporator is:

Name: Erica Sanes
Address: 140 Montclair Drive
Weston FL 33326

ARTICLE IX EFFECTIVE DATE OF INCORPORATION

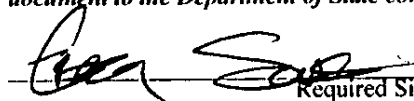
The effective date of E.S. Wellness & Healing, Inc. is November 29, 2013.

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

11/29/13
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

11/29/13
Date
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19 DEC -5 PM 4:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA