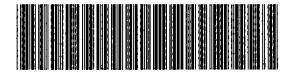
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(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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03/26/14--01006--017 **78.75

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SECRETARY OF STATE
ALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Alternative Health & 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 \$78.75

Filing Fee Filing Fee & Filing Fee & Filing Fee, & Certificate of Status

Certificate of Status

ADDITIONAL COPY REQUIRED

M·	Carol A Boyd
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name (Printed or typed)
	1901 Tamiami Trail S
-	Address
	Venice, FL 34293
-	City, State & Zip
	941-488-2248
-	Daytime Telephone number
-	cboyd@althomemakingwithaheart.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)

- ··· = - ·	Principal street address		Mailing address, if	different is:
01 Tamian nice, FL 3				
YCLE III PU	RPOSE the corporation is organized is:	luct and tran	sact all busi	ness permi
	vs of the State of Florida.			
	•			
	·			
ICLE IV SH umber of shares o	ARES 100 shares			
	ARES f stock is: 100 shares			
ICLE V IN	TIAL OFFICERS AND/OR DIRECTO		, John L. Bo	oyd, CFO,
ICLE V IN		_ Name and Title	John L. Bo 31 Boca R	
ICLE V IN	<u>rtial officers and/or directo</u> le: Carol A. Boyd, Pres,Dir			oyale Blv
ICLE V IN	Carol A. Boyd, Pres,Dir 31 Boca Royale Blvd	Name and Title Address:	31 Boca R	oyale Blvdd, FL 3422
Name and Tit Address	Carol A. Boyd, Pres,Dir 31 Boca Royale Blvd Englewood, FL 34223	Name and Title Address:	31 Boca R Englewood SHARES	d, FL 3422
Name and Tit Address	Carol A. Boyd, Pres,Dir 31 Boca Royale Blvd Englewood, FL 34223	Name and Title Address: Name and Title	31 Boca R Englewood SHARES	d, FL 3422
Name and Tite Address Name and Title	Carol A. Boyd, Pres,Dir 31 Boca Royale Blvd Englewood, FL 34223	Name and Title Address: Name and Title	31 Boca R Englewood SHARES	d, FL 3422
Name and Tite Address Name and Title Address	Carol A. Boyd, Pres,Dir 31 Boca Royale Blvd Englewood, FL 34223 SHARES 50%	Name and Title Address: Name and Title Address:	31 Boca R Englewood SHARES	Joyale Blvd d, FL 3422 50 %
Name and Tite Address Name and Title Address	Carol A. Boyd, Pres,Dir 31 Boca Royale Blvd Englewood, FL 34223	Name and Title Address: Name and Title Address:	31 Boca R Englewood SHARES	Joyale Blvd d, FL 3422 50 %

Name a	nd Title:	Name and Title:	
Addres	ss	Address:	· · · · · · · · · · · · · · · · · · ·
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Carol A. Boyd	or the registered agent is.	
Address:	31 Boca Royale Blvd	_	
	Englewood, FL 34223		
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	Carol A. Boyd		
Address:	31 Boca Royale Blvd	_	
	Englewood, FL 34223	_	
	med as registered agent to accept service of proces am familiar with and accept the appointment as re		
	Carol A. Boyd Required Signature/Registered Agent		03-20-2014
	Required Signature/Registered Agent		Date
I submit this doc	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	true. I am aware that the	false information submitted in a 55, F.S.
	Carol A. Boyd Required Signature/Incorporator		03-20-2014
	Required Signature/Incorporator		Date

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SECRETARY OF STATE
SECRETARY OF STATE