

P14 000033534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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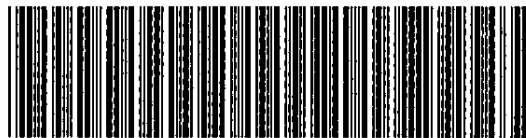
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 14 AM 9:04

4/15/14

COVER LETTER

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

SUBJECT: Gulf Coast Wellness Clinic, 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: Michael McManus

Name (Printed or typed)

76 Allen Lakeshore Drive

Address

Santa Rosa Beach, Florida 32459

City, State & Zip

1-850-837-0123

Daytime Telephone number

contactmcmanus@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: Gulf Coast Wellness Clinic, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

76 Allen Lakeshore Drive
Santa Rosa Beach, FL 32459

Mailing address, if different is:

P.O. Box 2418
Santa Rosa Beach, FL 32459

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide a local service to individuals

who are abusing alcohol and/or drugs, and also to provide a service to assist non-abusing individuals desiring
a way to assist the body's natural ability to repair neurotransmitters damaged due to stress or other factors,
therefore improving mental clarity.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael McManus-president

Address: 76 Allen Lakeshore Drive
Santa Rosa Beach
Florida, 32459

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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DIVISION OF CORPORATIONS
14 APR 14 AM 9:04

(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: Michael McManus
Address: 76 Allen Lakeshore Drive
Santa Rosa Beach, FL 32459

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael McManus
Address: 76 Allen Lakeshore Drive
Santa Rosa Beach, FL 32459

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

4-5-14
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

4-5-14
Date