

P/4-000095269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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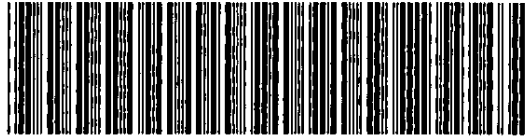
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature 11/26/14

COVER LETTER

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

SUBJECT: All You Health and 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: Stacey Campbell
Name (Printed or typed)
5123 44th St West
Address
Bradenton, Florida 34210
City, State & Zip
941-725-0317
Daytime Telephone number
sswaterdogs@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: All You Health and Wellness, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5123 44th St West

Bradenton, FL 34210

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to assist clients with achieving his or her goals for optimal health and wellness

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stacey Campbell, President

Address: 5123 44th St West
Bradenton, FL 34210

Name and Title: Stacey Campbell, Chief Financial Officer

Address: 5123 44th St West
Bradenton, FL 34210

Name and Title: Stacey Campbell, Secretary

Address: 5123 44th St West
Bradenton, FL 34210

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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STATE OF FLORIDA
TALLAHASSEE

(cont.)

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: Ruth McGlashen
Address: 5119 44th St West
Bradenton, FL 34210

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stacey Campbell
Address: 5123 44th St West
Bradenton, FL 34210

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TALLAHASSEE, FLORIDA

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

Ruth McGlashen 11-17-14
Required Signature/Registered Agent 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.

Stacey Campbell 11-17-14
Required Signature/Incorporator Date