

P15 0000001962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

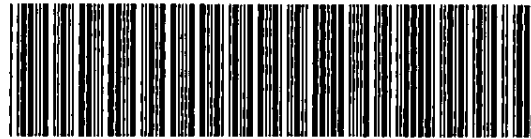
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14 71837

Office Use Only



200266861032

11/26/14--01028--011 **78.75

APPROVED
AND
FILED

15 JAN - 7 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

COVER LETTER

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

SUBJECT: SMR 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: Sherman Rosier
Name (Printed or typed)

PO Box 16275
Address

Tallahassee, FL 32317
City, State & Zip

950-668-4383
Daytime Telephone number

Sherman.rosier@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2014

SHERMAN ROSIER
PO BOX 16275
TALLAHASSEE, FL 32317

SUBJECT: SMR WELLNESS, INC
Ref. Number: W14000071837

We have received your document for SMR WELLNESS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 614A00025342



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2014

SHERMAN ROSIER
PO BOX 16275
TALLAHASSEE, FL 32317

SUBJECT: SMR WELLNESS, INC
Ref. Number: W14000071837

We have received your document for SMR WELLNESS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must have a Florida street address. A post office box is not acceptable.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 614A00025342

APPROVED
AND
FILED

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:

SMR Wellness, Inc 15 JAN -7 PM 2:03

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

2030 -6 Thomasville Rd.
Tallahassee, FL 32308

PO Box 16275
Tallahassee FL 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health and wellness

Company that will serve many branches
of Fitness

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sherman Rusier Name and Title: CEO

Address PO Box 16275 Address:
Tallahassee, FL 32317

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

(cont.)

APPROVAL
AND
FILED

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

15 JAN -7 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Sherman Rosier
Address: ~~P.O. Box 16275~~ 2030-6 Thomasville Rd.
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sherman Rosier
Address: P.O. Box 16275
Tallahassee, FL 32317

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

12/12/14
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

11/7/14
Date