

P15000004834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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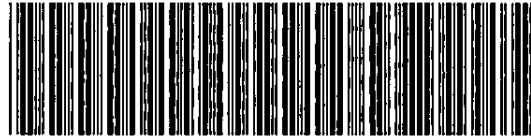
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JAN 15 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

10/1

COVER LETTER

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

SUBJECT: WELLNESS WATER SERVICES 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
& Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: MICHAEL TAMME
Name (Printed or typed)
3 CYPRESS DR. PALM HARBOR FL
Address
PALM HARBOR, FL 34684
City, State & Zip
727-224-0514
Daytime Telephone number
matamme1@verizon.net
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: WELLNESS WATER SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3 CYPRESS DR
PALM HARBOR, FL 34684

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: WATER SOFTENER SALES & SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL TAMONE - PRESIDENT

Address: 3 CYPRESS DR
PALM HARBOR, FL 34684

Name and Title: TED NIZIDL - VICE PRESIDENT

Address: 3-CYPRESS DR
PALM HARBOR, FL 34684

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

15 JAN 16 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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AND
FILED

(conti.)

15 JAN 15 PM 1:56

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE FLORIDA</u>
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: MICHAEL TAMME
Address: 3 CYPRESS DR
PALM HARBOR, FL 34684

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL TAMME
Address: 3 CYPRESS DR
PALM HARBOR, FL 34684

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

Michael Tamme
Required Signature/Registered Agent

1/12/15
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.

Michael Tamme
Required Signature/Incorporator

1/12/15
Date