

P/5000029588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

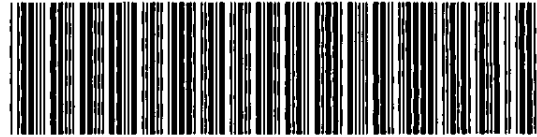
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000271244450

04/01/15--01013--021 \*\*87.50

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF E/REGISTRATION  
15 APR - 1 PM 1:00  
NOT THIS OFFICE  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

APPROVAL  
AND  
FILED  
15 APR - 1 PM 1:00  
RECEIVED - DEPT OF STATE  
E/REGISTRATION

## COVER LETTER

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

SUBJECT: **Nutriwellness 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: **Susan Allen**

Name (Printed or typed)

**1232 Royal Oak Dr**

Address

**Dunedin FL 34698**

City, State & Zip

**(630) 853-8891**

Daytime Telephone number

**nutriwellness@gmail.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)

ARTICLES  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: Nutriwellness Inc.

15 APR -1 PM 1:00

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1232 Royal Oak Dr  
Dunedin FL 34698

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide nutritional education, counseling services and related products  
and to engage in any other lawful activity for which corporations may be incorporated in this state.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Susan Allen, President

Name and Title: \_\_\_\_\_

Address 1232 Royal Oak Dr  
Dunedin FL 34698

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

APPROVED  
AND  
FILED

(cont.)

Name and Title: \_\_\_\_\_ Name and Title: 15 APR -1 PM 1:00  
Address: \_\_\_\_\_ Address: DEPARTMENT OF STATE  
\_\_\_\_\_  
\_\_\_\_\_ DELAWARE - FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

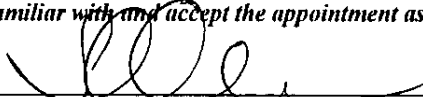
Name: Susan Allen  
Address: 1232 Royal Oak Dr  
Dunedin FL 34698

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:


Name: Susan Allen  
Address: 1232 Royal Oak Dr  
Dunedin FL 34698

*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

4/1/15  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

4/1/15  
\_\_\_\_\_  
Date