

P15000049794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

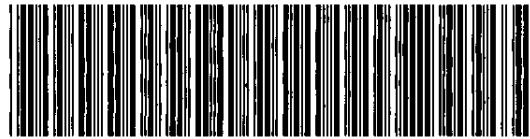
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Office Use Only

W15-21199



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03/18/15--01011--004 **78.75

FILED
15 JUN -3 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 8 2015

S. GILBERT

COVER LETTER

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

SUBJECT: CHARTERED 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: CHARTERED WELLNESS, INC.

Name (Printed or typed)

1801 HILLMOOR DRIVE, SUITE C-101

Address

PORT SAINT LUCIE, FL 34952

City, State & Zip

772-321-9549

Daytime Telephone number

charteredwellnessinc@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

May 18, 2015

MICAEL J. SCHMIDT 3rd Mailing
5976 20TH STREET, #213
VERO BEACH, FL 32966

*This is the first return
I have received!*

SUBJECT: CHARTERED WELLNESS, INC.
Ref. Number: W15000021199

We have received your document for CHARTERED 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 registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 415A00006066

RECEIVED
15 JUN -4 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: **CHARTERED WELLNESS, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

**1801 HILLMOOR DRIVE, SUITE C-101
PORT SAINT LUCIE, FL 34951**

Mailing address, if different is:

N/A

FILED
15 JUN -3 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **to provide facilities for the promotion of general health and well-being.**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Michael J. Schmidt**

Name and Title: **Martin J. French**

Address: **CO-DIRECTOR**

Address: **CO-DIRECTOR**

5976 20th St. #213

PO Box 2553

Vero Beach, FL 32966

Okeechobee, FL 34974

Name and Title: **Dr. Jason R. Alviene**

Name and Title: _____

Address: **Medical Director**

Address: _____

2545 SW Hallssee

Port St. Lucie, FL 34953

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(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: Michael J. Schmidt

Address: 5976 20th St. #213

Vero Beach, FL 32966

ARTICLE VII INCORPORATOR

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

Name: Michael J. Schmidt

Address: 5976 20th St. #213

Vero Beach, FL 32966

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

3/13/2015

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

3/13/2015

Date