

P. 15000053852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

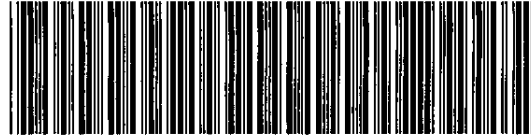
Special Instructions to Filing Officer:

Correct name
in the Articles
per Shericka
Bradley

6/23/15

Office Use Only

2544



200272765652

05/11/15--01021--017 **140.00

FILED
15 JUN 23 PM 3:45
ALABAMA STATE
JULY 1, 2015

6/24/15

COVER LETTER

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

SUBJECT: _____

Health Way, 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: _____

Shenicka Godfrey

Name (Printed or typed)

3280 NW 103 Terrace

Address

Coral Springs, FL 33065

City, State & Zip

(954)-560-9943

Daytime Telephone number

Shanieg@outlook.com

E-mail address: (to be used for future annual report notification)

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

RECEIVED
JUN 15 2006
TALLAHASSEE, FL

15 JUN 23 PM 3:45

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

15 JUN 15 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 15, 2015

SHENICKEA GODFREY
3280 NW 103 TERRACE
CORAL SPRINGS, FL 33065

SUBJECT: HEALTH WAY, INC
Ref. Number: W15000034653

We have received your document for HEALTH WAY, INC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 715A00010257

15 JUN 16 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN 23 PM 3:45

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2015

SHENICKEA GODFREY
3280 NW 103 TERRACE
CORAL SPRINGS, FL 33065

SUBJECT: HEALTH WAY, INC
Ref. Number: W15000034653

We have received your document for HEALTH WAY, INC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 415A00013077

FILED
15 JUN 23 PM 3:45
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

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: HEALTHWAY FITNESS & NUTRITION, INC.

FILED

15 JUN 23 PM 3:45

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3280 NW 103 Terrace
Coral Springs, FL 33065

3280 NW 103 Terrace
Coral Springs, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shenicka Godfrey
CEO

Name and Title: _____

Address

3280 NW 103 Terrace
Coral Springs, FL 33065

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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: Shenicka Godfrey

Address: 3280 NW 103 Terrace

Caral Springs, FL 33065

ARTICLE VII INCORPORATOR

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

Name: Shenicka Godfrey

Address: 3280 NW 103 Terrace

Caral Springs, FL 33065

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15 JUN 23 PM 3:45
DEPARTMENT OF STATE
TALLAHASSEE, FL 32304

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

[Signature]

Required Signature/Registered Agent

6/1/2015

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.

[Signature]

Required Signature/Incorporator

6/1/2015

Date