

PIS 000073013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

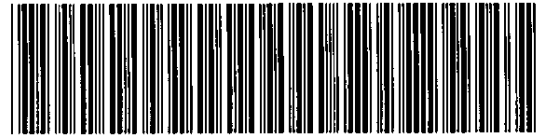
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100274422671

09/08/15--01001--033 \*\*87.50

RECEIVED  
DEPARTMENT OF STATE  
OFFICE OF THE SECRETARY  
15 SEP -4 PM 4:51  
10/2/2015  
SUFFICIENT FOR FILING

RECEIVED  
DEPARTMENT OF STATE  
OFFICE OF THE SECRETARY  
15 SEP -4 PM 4:57  
10/2/2015

RECEIVED  
DEPARTMENT OF STATE  
OFFICE OF THE SECRETARY  
15 SEP -4 PM 4:57  
10/2/2015

## COVER LETTER

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

SUBJECT: Orlando Springs Wellness & Recovery Center, 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: Warren Pearson  
Name (Printed or typed)  
1509 Twin Lakes Circle  
Address  
Tallahassee FL 32301  
City, State & Zip  
850-567-6164  
Daytime Telephone number  
warpear@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  
ORLANDO SPRINGS WELLNESS & RECOVERY CENTER, INC.**

**ARTICLE I NAME**

The name of the corporation shall be:  
ORLANDO SPRINGS WELLNESS & RECOVERY CENTER, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business shall be  
1509 Twin Lakes Circle  
Tallahassee FL, 32311

The mailing address of the business shall be  
1509 Twin Lakes Circle  
Tallahassee FL, 32311

**ARTICLE III PURPOSE**

The specific purpose for which the corporation is organized is:  
TO PROVIDE A SAFE AND HEALTHY RECOVERY AREA STAFFED WITH HIGHLY  
SKILLED PROFESSIONAL HEALTH LICENSEES TO IMPROVE PATIENTS' MENTAL  
AND PHYSICAL WELLNESS FOLLOWING ISSUES WITH ADDICTION.

**ARTICLE IV SHARES**

The corporation is authorized to issue an initial amount of 1000 shares as determined in the  
bylaws. Initially, the president shall receive 425 shares, the vice president 150 shares and the  
secretary 425 shares.

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

TITLE: PRESIDENT  
WARREN JAMES PEARSON  
1509 TWIN LAKES CIRCLE  
TALLAHASSEE FL 32311

TITLE: VICE PRESIDENT  
JEFFREY G. CANNON  
2106 N. ORANGE AVENUE SUITE 100  
ORLANDO FL 32804

TITLE: SECRETARY  
TUCKER E. DOYON  
7862 ST. ANDREWS CIRCLE  
ORLANDO FL 32835

SECRETARY OF STATE  
FLORIDA

15 SEP - 4 PM 4:57

ARTICLE  
FILED

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** of the registered agent is:

WARREN JAMES PEARSON  
1509 TWIN LAKES CIRCLE  
TALLAHASSEE FL 32311

**ARTICLE VII INCORPORATOR**

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

WARREN JAMES PEARSON  
1509 TWIN LAKES CIRCLE  
TALLAHASSEE FL 32311

The effective date of the corporation formation is  
SEPTEMBER 4, 2015

*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.*

  
WARREN JAMES PEARSON

*Sept 4, 2015*  
DATE

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

  
WARREN JAMES PEARSON

*Sept 4, 2015*  
DATE