

P15000074839

(Requestor's Name)

(Address)

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☐ PICK-UP

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(Business Entity Name)

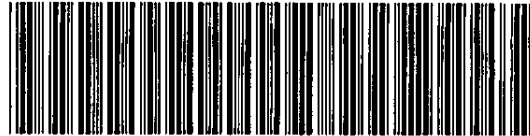
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Effective Date *Oct. 12, 2015*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 SEP 15 2015

## COVER LETTER

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

**SUBJECT:** Pensacola Center for Health and 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Marianne Hazelitt  
\_\_\_\_\_  
Name (Printed or typed)

106 Cypress Point East  
\_\_\_\_\_  
Address

Pensacola FL 32514  
\_\_\_\_\_  
City, State & Zip

310-408-0227  
\_\_\_\_\_  
Daytime Telephone number

mhazelitt@aol.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)

## ARTICLE I NAME

The name of the corporation shall be: Pensacola Center for Health and Wellness, Inc.

Effective Date 10/12/15

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6303 N. 9th Ave

106 Cypress Point Ease

Pensacola FL 32504

Pensacola FL 32514

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To open a medical clinic

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## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marianne Hazelitt, DO (Director)

Name and Title:

Address 106 Cypress Point East

Address:

Pensacola FL 32514

Name and Title: Charlene Hazelitt (President)

Name and Title:

Address 4524 Piper Glen Drive

Address:

Pensacola FL 32514

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: Charlene Hazelitt

Address: 4524 Piper Glen Drive

Pensacola FL 32514

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**ARTICLE VII INCORPORATOR**

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

Name: Marianne Hazelitt

Address: 106 Cypress Point East

Pensacola FL 32514

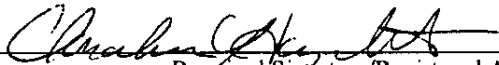
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: October 12, 2015. (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*



Required Signature/Registered Agent

8-30-15

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

8/30/15

Date