

P/16000054806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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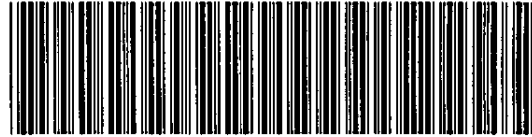
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JUN 22 PM 12:31
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JUN 30 2016

S. GILBERT

COVER LETTER

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

SUBJECT: ROOTS OF WELL-BEING, 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: DIANA C. EKONOMOU
 Name (Printed or typed)

907 OAK HOLLOW PLACE
 Address

BRANDON, FL 33510
 City, State & Zip

813-681-9989
 Daytime Telephone number

MA MOOSI@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: ROOTS OF WELL-BEING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

907 OAK HOLLOW PLACE
BRANDON, FL 33510

Mailing address, if different is:

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CLERK

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal business,
including consultations and educational classes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Diana C. Ekonomou, P. Name and Title: _____

Address 907 Oak Hollow Pl Address: _____
Brandon, FL 33510

Name and Title: Andrew P. Butcher, Director Name and Title: _____

Address 1605 Cottage Wood Dr. Address: _____
Brandon, FL 33510

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: Diana P Ekonomou

Address: 907 OAK HOLLOW PL

BRANDON, FL 33510

ARTICLE VII INCORPORATOR

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

Name: DIANA P. EKONOMOU

Address: 907 OAK HOLLOW PL

BRANDON, FL 33510

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

4/20/2016

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

4/20/2016

Date