

P16000085888

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(Business Entity Name)

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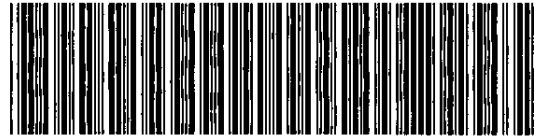
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

OCT 26 2016

T. SCOTT



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10/24/16--01013--001 **78.75

16 OCT 24 AM 9:10

COVER LETTER

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

SUBJECT: Me Time 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: Sarojini D. Anderson
Name (Printed or typed)

1334 Rio Vista AV
Address

Fort Myers, FL 33901
City, State & Zip

239-888-1900
Daytime Telephone number

Soni@metimewellness.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: Me Time Wellness, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1334 Rio Vista AV
Fort Myers, FL 33901

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For to Deliver Facials as a
Facial Specialist & skin Care.

ARTICLE IV SHARES

The number of shares of stock is: 100

OCT 24 AM 9:18

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sarajini D. Andersson ^{President} Name and Title: David Andersson, V.P.

Address 1334 Rio Vista AV Address: 1334 Rio Vista AV
Fort Myers, FL, 33901 Fort Myers, FL 33901

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: David Anderson

Address: 1334 Rio Vista AV
Fort Myers, FL 33901

ARTICLE VII INCORPORATOR

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

Name: Sarajini D. Anderson

Address: 1334 Rio Vista AV
Fort Myers, FL 33901

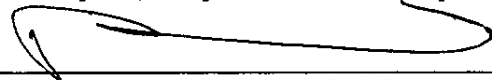
ARTICLE VIII EFFECTIVE DATE:

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.

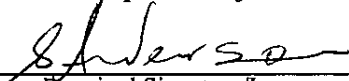
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/20/16
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

10/20/16
Date