

P19000057501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

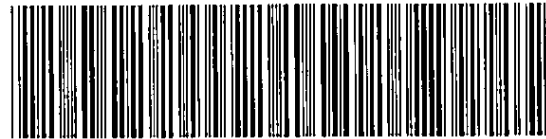
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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07/25/19--01001--011 \*\*70.00

19 JUL 24 PM 3:40  
FILED  
2019 JUL 24 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 25 2019

K. Brumbley

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

**WALK IN**

**PICK UP:** Glinda

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- xx** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- xx** **FILING** ARTICLES \_\_\_\_\_

1. HMC WELLNESS INC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: HMC Wellness Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1701 Gay Drive

Orlando, FL 32803

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Fitness/Wellness Franchise

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000,000

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

Name and Title: Herman Eick, Pres/Sect/Dir Name and Title: \_\_\_\_\_

Address 1701 Gay Drive Address: \_\_\_\_\_  
Orlando, FL 32803

Name and Title: Mary Carter Eick, VP/Treas/Director Name and Title: \_\_\_\_\_

Address 1701 Gay Drive Address: \_\_\_\_\_  
Orlando, FL 32803

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

2019 JUL 24 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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: Herman Eick

Address: 1701 Gay Drive  
Orlando, FL 32803

**ARTICLE VII INCORPORATOR**

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

Name: Deborah Rappaport

Address: 1180 Welsh Road, Suite 280  
North Wales, PA 19454

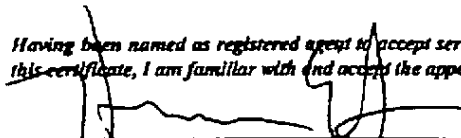
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 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*

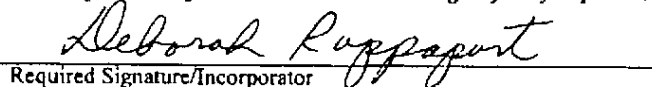


Herman Eick, Agent  
Required Signature/Registered Agent



7/24/2019  
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

7/24/2019  
Date