

P21000003412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

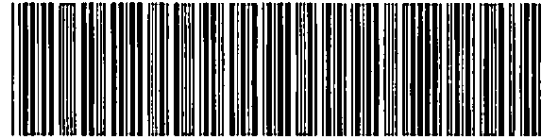
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JAN -6 PM 12:05

11/11/21

1/12/21

FLORIDA PROFIT BENEFIT CORPORATION
COVER LETTER

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

SUBJECT: Wellness Chics, 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: Sequoyah Lindsey-Taylor

Name (Printed or typed)

6859 Lenox Avenue #29

Address

Jacksonville, FL 32205

City, State & Zip

904-624-2044

Daytime Telephone number

wellnesschicscollective@gmail.com

E-mail address: (to be used for future annual report notification)

RECEIVED
JAN 6 2021
TALLAHASSEE, FL

2021 JAN -6 PM 12:05

FILED

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the benefit corporation shall be: Wellness Chics, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6859 Lenox Avenue #29

Jacksonville, FL 32205

ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

provide services and products which enhance the quality of life in all areas of wellness for women through trainings,

creative works, events, and any other activities as permitted by law.

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

The enhancement of the quality of life in all aspects of wellness.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: Sequoyah Lindsey-Taylor, CEO

Name and Title: Nicole Taylor, COO

Address: 6859 Lenox Avenue #29

Address: 3 Broadview Parkway

Jacksonville, FL 32205

Middleton, CT 06457

Name and Title: Jessica Ledet-Bellard, CFO

Name and Title: _____

Address: 802 Keswick Village Ct

Address: _____

Conyers, GA 30013

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name : _____ Name: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Sequoyah Lindsey-Taylor, CEO

Address: 6859 Lenox Avenue #29

Jacksonville, FL 32205

ARTICLE VII INCORPORATOR

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

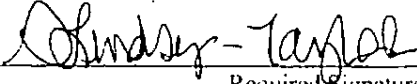
Name: Sequoyah Lindsey-Taylor, CEO

Address: 6859 Lenox Avenue #29

Jacksonville, FL 32205

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

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

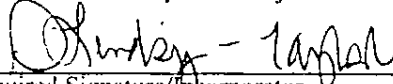


Required Signature/Registered Agent

01/01/2021

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

01/01/2021

Date

FILED
2021 JAN -6 PM 12:05
JACKSONVILLE, FL
CLERK OF THE CIRCUIT COURT