

P21000159644

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000159644 3)))



H210001596443ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

4/22/21
SA

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (917)243-5843

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
VILLAGES WELLNESS CENTER INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2021 APR 21 PM 3:04
SPECIAL SERVICES

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

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:

VILLAGES WELLNESS CENTER INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

510 Country Line Road #233/T510 Country Line Road #233/TLady Lake FL 32159Lady Lake FL 32159**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To transact any and lawful activity for which a corporation

may be formed.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: NATALIE ROWLAND - Director

Name and Title: _____

Address C/O Villages Wellness Center Inc

Address: _____

510 Country Line Road #233/TLady Lake FL 32159

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

Name: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
 155 Office Plaza Drive, 1st Fl.
 Address: TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Ana Maisonneve
 Address: 16 Court St
 Brooklyn, NY 11241

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*

Asst Secretary, Zeina Hassoun

*Zeina Hassoun**4/21/2021*_____
Required Signature/Registered Agent_____
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.**Ana Maisonneve**04/06/2021*_____
Required Signature/Incorporator_____
Date