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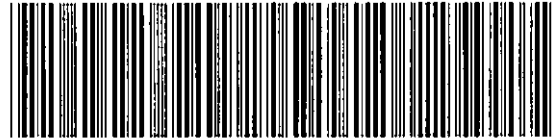
Certificates of Status

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ALLAHASSEE, AL

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## COVER LETTER

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

SUBJECT: CONSCIOUS HEALTH CARE 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: Samuel L. Carter Jr.  
Name (Printed or typed)

1204 TAMPA DR.  
Address

Tallahassee FLORIDA 32311  
City, State & Zip

(850) 510-6702  
Daytime Telephone number

Carterscorner@me.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: CONSCIOUS HEALTH CARE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1349 G. LARAGETTE ST.  
TALLAHASSEE FL 32301

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide health care services, MENTAL HEALTH, HIV TESTING, COUNSELING EDUCATION / TRAININGS, Dietitian Services / Food Planning Social Health services, Fitness / TRAINING  
Cognitive services, we will provide resources for the 4 pillars of Health - social, Emotional Cognitive, physical

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Dr. Samuel L. Carter

Address: 1224 TAMPA DR.  
TALL. FL 32311

Name and Title: VERDA OWENS

Address: P.O. BOX 491  
MIDWAY FL 32343

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

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

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

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

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

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

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

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

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NOTARIAL SEAL

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: Dr. Samuel L. Carter

Address: 1204 TAMPA Da

Tallahassee FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Samuel L. Carter JR.

Address: 1349 E. LAFAYETTE ST.

Tallahassee FL 32301

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*

Dr. Samuel L. Carter

Required Signature/Registered Agent

11/18/21

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.*

Dr. Samuel L. Carter

Required Signature/Incorporator

11/18/21

Date