

P22000033028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

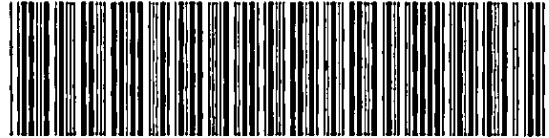
(Business Entity Name)

(Document Number)

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

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03/16/22--01007--015 \*\*137.50

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2022 MAY -2 PM 2:23  
STATE OF ARIZONA  
CLERK OF SUPERIOR COURT

14

## COVER LETTER

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

SUBJECT: Living Wellness and Health Inc

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: Darcy Webber

Name (printed or typed)

26202 Atlantis Lane

Address

Brooksville, FL 34601

City, State & Zip

352-206-2420

Daytime Telephone Number

webberdarcy@yahoo.com

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 MAY -2 PM 4:39

FLORIDA DEPARTMENT OF CORPORATIONS  
BUREAU OF COMMERCIAL  
REGISTRARS SERVICES

April 5, 2022

DARCY WEBBER  
26202 ATLANTIS LN  
BROOKSVILLE, FL 34601

SUBJECT: LIVING WELLNESS AND HEALTH INC  
Ref. Number: W22000044578

We have received your document for LIVING WELLNESS AND HEALTH INC and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of formation and jurisdiction need to be listed. The jurisdiction is the state you're moving from, and the date is the original date you incorporated in that state.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 622A00007861

*corp.help@dos.myflorida.com*

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, Darcy Webber President  
(Name) (Title)  
of Living Wellness and Health Inc, a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is \_\_\_\_\_

Living Wellness and Health Inc (Foreign Corporation)

2. The jurisdiction and date of its formation is Washington, 4/26/2017 / Florida 3/4/

3. The name of the domesticated corporation is Living Wellness, Inc, Washington

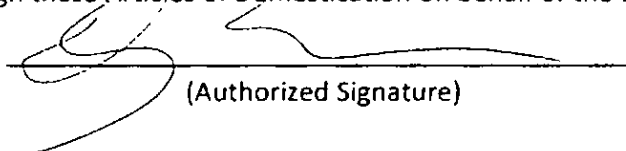
UBI 604 118 750

4. The jurisdiction of formation of the domesticated corporation is **Florida**

5. The domestication corporation is a foreign corporation and the domestication was  
approved in accordance with its organic law.

6. Attached are Florida Articles of Incorporation to complete the domestication  
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

  
(Authorized Signature)

**FILED**  
2022 MAY -2 PM 2:23  
CLERK OF STATE  
TALLAHASSEE, FL

**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

Living Wellness and Health Inc

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

26202 Atlantis Lane

Brooksville, FL 34601

Mailing Address

26202 Atlantis Lane

Brooksville, FL 34601

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Massage Therapy

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 100

**ARTICLE VI    REGISTERED AGENT AND STREET ADDRESS**

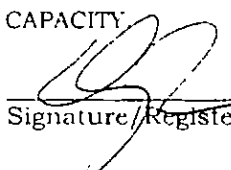
THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Darcy Webber

26202 Atlantis Lane

Brooksville, FL 34601

HAVING BEEN NAMED AS REGISTERED AGENT AND 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

  
\_\_\_\_\_  
Signature/Registered Agent

3/14/22  
\_\_\_\_\_  
Date

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

*THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:*

Name & Title: Dary Webber

Address: President

26202 Atlantis Lane

Brooksville, FL 34601

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

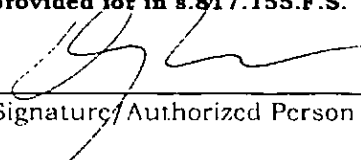
Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

**I submit this document and affirm that the facts stated herein are true. I am aware that 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.**

  
\_\_\_\_\_  
Signature/ Authorized Person

3/14/22  
\_\_\_\_\_  
Date

FILED  
2022 MAY -2 PM 2:28  
DEPT. OF STATE