

P24000043133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

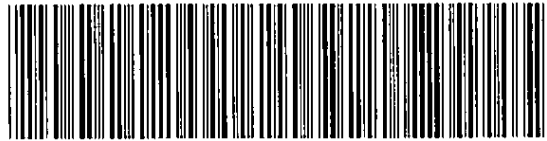
(Business Entity Name)

(Document Number)

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

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Office Use Only



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2024 JUN 26 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FL

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**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

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**PICK UP:** MISTY 6/26

CERTIFIED COPY

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INC

1. ESSENCE OF HEALTH OF NAPLES, 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:**

**FILED**  
2024 JUN 25 AM 9:47  
TALLAHASSEE, FL  
CLERK OF STATE

## COVER LETTER

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

**SUBJECT:** Essence of Health of Naples, 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**

2024 JUN 26 AM 9:47  
TALLAHASSEE FL  
STATE

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**FROM:** Kevin A. Denti, Esquire

Name (Printed or typed)

2180 Immokalee Road - Suite #316

Address

Naples, Florida 34110

City, State & Zip

239-260-8111

Daytime Telephone number

kdenti@dentilaw.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: Essence of Health of Naples, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6877 Wellington Drive  
Naples, Florida 34109

Mailing address, if different is:  
6877 Wellington Drive  
Naples, Florida 34109

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Wellness/Aesthetics & Primary Care

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Sasha Takala-Pres. Treas. & Director  
Address: 6877 Wellington Drive  
Naples, Florida 34109

Name and Title: Kimberly Diaz-VP, Sec & Director  
Address: 166 Wickliffe Drive  
Naples, Florida 34110

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

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

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

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

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CLERK OF STATE  
TALLAHASSEE, FL

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: Kevin A. Denti, P.A.  
Address: 2180 Immokalee Road - Suite #316  
Naples, Florida 34110

**ARTICLE VII INCORPORATOR**

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

Name: Kevin A. Denti, Esquire  
Address: 2180 Immokalee Road - Suite #316  
Naples, Florida 34110

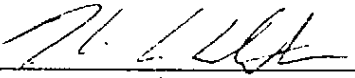
**ARTICLE VIII EFFECTIVE DATE:**

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*

  
Required Signature/Registered Agent

06/24/24  
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

06/24/24  
Date

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2024 JUN 26 AM 9:41  
DEPARTMENT OF STATE  
TALLAHASSEE, FL