1400 Goodlette Road NAPLES, FLORIDA 34102

City/State/Zip

Phone #

*****70.00 *****70.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1				
	(Corporation Name)	(Досш	ment #)	
2		·		
	(Corporation Name)	(Docu	ment #)	
3				
	(Corporation Name)	(Docu	ment#)	
4.				
	(Corporation Name)	(Docus	ment #)	
Walk in	Pick up time		Certified Copy	
Mail out	☐ Will wait	☐ Photocopy	Certificate of Status	

NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger

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	6- NNC

94Civ.	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
 Reinstatement
 Trademark
Other



ARTICLES OF INCORPORATION

OF

ABSOLUTE WELLNESS, INC.

The undersigned, for the purpose of forming a corporation under the Florida Business Corporation

Act hereby adopt the following articles of incorporation:

ARTICLE I

NAME

The name of the corporation is ABSOLUTE WELLNESS, INC..

<u>ARTICLE II</u>

<u>DURATION</u>

The term of existence of the corporation is perpetual.

<u>ARTICLE III</u>

PURPOSE

The corporation is formed to provide nutritional services and to transact any and all lawful business for which corporations may be incorporated under the Florida Business Corporation Act.

ARTICLE IV

CAPITAL STOCK

The aggregate number of shares which the corporation has authority to issue is 7,500, all of which shall be common shares with a par value of \$1.00

ARTICLE V

PRINCIPAL OFFICE, REGISTERED OFFICE & MAILING ADDRESS

The principal place of business, and mailing address of the corporation is 404 Bayside Drive, Naples, FL 34108. The name of the initial registered agent is Susan Widom and the registered office is at 404 Bayside Drive, Naples, FL 34108. The registered offices' phone number is 941-263-3332.



ARTICLE VI

MANAGEMENT

The business of the corporation shall be managed by the stockholders of the corporation rather than by a board of directors.

ARTICLE VII

INCORPORATORS, SUBSCRIBERS, STOCKHOLDERS AND OFFICERS

The initial subscribers, stockholders and officers are:

Susan Widom 404 Bayside Drive Naples, FL 34108

President, Secretary

Gavin Widom 404 Bayside Drive Naples, FL 34108

Vice President, Treasurer

ARTICLE VIII

COMMENCEMENT OF EXISTENCE

The corporation shall be deemed to commence its existence when these Articles are filed with the Office of the Secretary of State, State of Florida.

IN WITNESS WHEREOF, I have subscribed my name this day

1998.

Susan Widom, President, Secretary,

Gavin Widom, Vice President, Treasurer,

STATE OF FLORIDA

COUNTY OF COLLIER

On this, 1998, before me personally appeared
on this, 1998, before me personally appeared
Susan Widom, Florida Drivers License Number 6420-785-63-749-0, and Gavin
Widom, Florida Drivers License Number <u>W350-270-55-459-0</u> , known to me to be the
persons whose names are subscribed to the within instrument, and acknowledged that they executed
the same for the purpose therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public

My Commission Expires:

Fia. Notary Service & Bonding Co.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHICH PROCESS MAY BE SERVED

Pursuant to the provisions of section 607,0501 or 617.0501, Florida Statutes, the following is submitted in compliance with said act:

That, desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation, in the County of COLLIER, State of Florida, has named Susan Widom, located at 404 Bayside Drive, Naples, FL 34108, County of COLLIER, State of Florida, as its agent to accept service of process within this State.

ACKNOWLEDGEMENT

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Susan Widom

6-5-

Date

98 JUN -9 PH 1:55
SECRETARY OF STATE