

TRANSMITTAL LETTER

P99000074167

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

SUBJECT: Total Wellness Shop, Inc.
(Proposed corporate name - must include suffix)

800002959178--3
-08/13/99--01058--012
*****78.75 *****78.75

Enclosed is 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: Erik Gude
Name (Printed or typed)

8787 Southside Blvd, Suite 5508
Address

Jacksonville, FL 32256
City, State & Zip

(904) 519-5088
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 AUG 13 PM 3:58

FILED

NOTE: Please provide the original and one copy of the articles.

TS 8/19/99

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Total Wellness Shop, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8787 Southside Blvd, Suite 5508
Jacksonville, FL 32256

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time

1500 / 0 PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Erik Gude
8787 Southside Blvd, Suite 5508
Jacksonville, FL 32256

ARTICLE V INCORPORATOR

The **name and address** of the incorporator to these Articles of Incorporation are:

Erik Gude
8787 Southside Blvd, Suite 5508
Jacksonville, FL 32256



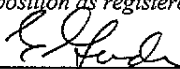
Signature/Incorporator

8/4/99

Date

(An additional article must be added if an effective date is requested.)

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 the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

8/4/99

Date

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TALLAHASSEE, FLORIDA