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(Address)

(Address)

(City/State/Zip/Phone #)

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REC'D
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 18 AM 2:05

7/23
[Signature]

COVER LETTER

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

SUBJECT: F3 Health and Wellness, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

ADDITIONAL COPY REQUIRED

FROM: Jason Grimes

Name (Printed or typed)

173 Mary Street

Address

Winter Garden, Florida 32787

City, State & Zip

407-923-2492

Daytime Telephone number

f3healthandwellness@gmail.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: F3 Health and Wellness, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
173 Mary Street

Mailing address, if different is:

Winter Garden, Florida 32787

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Said corporation is organized exclusively for charitable purposes for training and mentoring youth and families in health, wellness, fitness and nutrition.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

A minimum of 7 officers/directors shall be nominated & selected by the advisory group

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jason Grimes - President

Name and Title: Clint Johnson-VP

Address: 173 Mary Street
Winter Garden, Fl 32787

Address: 2503 Lake Baldwin Lane Orlar
Orlando, Florida 32801

Name and Title: Negar Dyke-S

Name and Title: Yvette Anderson-T

Address: 427 Barclay Ave.
Altamonte Springs, Florida 32701

Address: 1524 Atlantis Drive
Apopka, Florida 32703

Name and Title: Nequosha Anderson-D

Name and Title: Tracey Brocco-D

Address: 1524 Atlantis Drive
Apopka, Florida 32703

Address: 101 S. Eola Dr. #802
Orlando, Fl 32801

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: Larry Elmore-D Name and Title: _____

Address: 3105 Queens Gate Road Address: _____
Orlando, Florida 32818 _____

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: Jason Grimes

Address: 173 Mary Street

Winter Garden, FI 32787

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

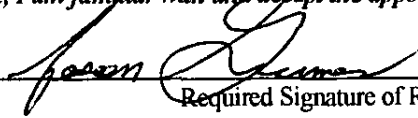
Name: Jason Grimes

Address: 173 Mary Street

Winter Garden, FI 32787

13 JUL 18 AM 2:05
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

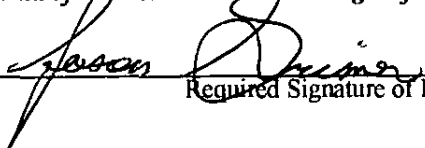


Required Signature of Registered Agent

7/11/13

Date

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

7/11/13

Date