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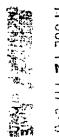
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

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

SUBJECT: ROYAL WELLNESS, C	CORP.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
	(Printed or typed)	
20533 BISCAYNE BLVD	STE 123 Address	
AVENTURA, FL. 33180 City,	State & Zip	
786-227-9780 Daytime Te	elephone number	
zandimar@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 INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corp	IAME ROYAL WELLNESS, CO	DRP.		
ARTICLE II P	PRINCIPAL OFFICE			
	Principal street address		address, if different is:	
	533 BISCAYNE BLVD.	<u>P.O. BOX 170</u>	0763	_
	E 123		00017	_
AV	ENTURA, FL. 33180	HIALEAH, EL	. 33017	_
	URPOSE ch the corporation is organized is: LAWFUL BUSINESS			
ARTICLE IV S The number of shares	of stock is:100	_		
	NITIAL OFFICERS AND/OR DIRECTOR			
Address:	SANDRA M. MARRERO DIRECTOR 20533 BISCAYNE BLVD.	Address		
Addicss.	STE 123			
	AVENTURA, FL. 33180	· · · · · · · · · · · · · · · · · · ·		
Name and Title	<u> </u>	Name and Title:		
Address:				_
				_
				
Name and Title	:	Name and Title:		_
Address:		Address:		_
		·		_
ADMICE BUT D	POISORDED ACELE			_
	EGISTERED AGENT In street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	SANDRA M. MARRERO	ine registered agent is:		
Address:	20533 BISCAYNE BLVD, STE 123	}		
	AVENTURA, FL. 33180	-	1 4	avid 3
ARTICLE VII II	NCORPORATOR		78 - TO	4. 1.
	ss of the Incorporator is:		7	
Name:	SANDRA M MARRERO		<u>్లే</u> క్ల స	
Address:	20533 BISCAYNE BLVD, STE 123 AVENTURA, FL. 33180	•		
Having been named this certificate, I am f	as registered agent to accept service of process familiar with and accept the appointment as regi.	for the above stated cor stered agent and agree to	rporation at the place designated o act in this capacity 07/07/2011	f in
Xxunavia	Required Signature/Registered Agent		07/07/2011 Date	_
	ent and affirm that the facts stated herein are artment of State constitutes a third degree felony		ne false information submitted in	n a
1	MM			
Danden			07/07/2011	
	Required Signature/Incorporator		Date	