

COVER LETTER

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

SUBJECT: 360 WELLNESS PRO, 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 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: CHERI MARQUES
Name (Printed or typed)

217 TEAKWOOD CT
Address

LAKE MARY, FL 32746
City, State & Zip

407-607-8132
Daytime Telephone number

CHERI.MARQUES@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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: 360 WELLNESS PRO, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address 217 TEAKWOOD CT Mailing address, if different is: _____
LAKE MARY FL 32746 _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

FILED
STATE OF FLORIDA
19 JUN 7 PM 2:51

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHERI MARQUES, P Name and Title: JOHN MARQUES, VP
Address: 217 TEAKWOOD CT Address: 217 TEAKWOOD CT
LAKE MARY, FL 32746 LAKE MARY, FL 32746

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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: CHERI MARQUES
 Address: 217 TEAKWOOD CT
LAKE MARY, FL 32746

ARTICLE VII INCORPORATOR

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

Name: CHERI MARQUES
 Address: 217 TEAKWOOD CT
LAKE MARY, FL 32746

FILED
 STATE DEPARTMENT OF STATE
 16 JAN -7 PM 2:56


ARTICLE VIII EFFECTIVE DATE: 01/06/2015

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 business days prior or 90 business 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.

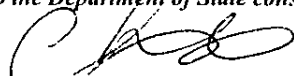
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



 Required Signature/Registered Agent

 1/4/16
 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

 1/4/16
 Date