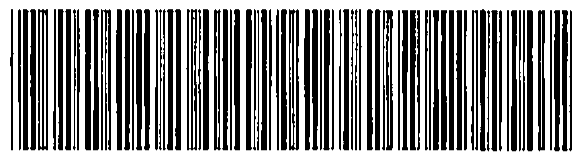


P 19 0000 064934



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08/12/19--0102P -017 *128.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2019 AUG 12 AM 8:07
SECURITY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Powers Health Systems, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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Nancy Beth Goren, Esq.

Name (printed or typed)

PO Box 1708

Address

Daytona Beach, Florida 32115

City, State & Zip

386-871-4411

Daytime Telephone Number

powershealth@yahoo.com

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

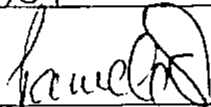
The undersigned, Pamela Oli, President,
(Name) (Title)

of Powers Health Systems, Inc. a foreign corporation,
(Corporation Name)
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was March 20, 1997.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Delaware.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Powers Health Systems, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Powers Health Systems, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Florida.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President of Powers Health Systems, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 2nd day of AUGUST, 2019.



(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

SECRETARY OF STATE
TALLAHASSEE, FL

2019 AUG 12 AM 8:07

FILED

ARTICLE IV SHARES

1500

THE NUMBER OF SHARES OF STOCK IS: _____

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

President/ Pamela Oli

44 Lions Paw Grand

Daytona Beach, FL 32124

Title/Name

Vice-President/ Joy Amobi

77 Spring Meadows Drive

Ormond Beach, FL 32174

Title/Name

Secretary/Joy Amobi

77 Spring Meadows Drive

Ormond Beach, FL 32174

Title/Name

Treasurer/Joy Amobi

77 Spring Meadows Drive

Ormond Beach, FL 32174

Title/Name

Secretary *JWA*

Title/Name

Treasurer *JWA*

Title/Name

Secretary *JWA*

Title/Name

Treasurer *JWA*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

Pamela Oli

1230 Powers Avenue

Holly Hill, FL 32117

ARTICLE VII INCORPORATOR

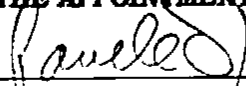
THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Pamela Oli

1230 Powers Avenue

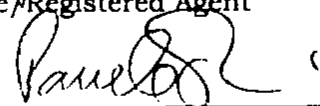
Holly Hill, FL 32117

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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.



Signature/Registered Agent

08/02/2019
Date



Signature/Incorporator

08/02/2019
Date