

P21 000095627

Florida Department of State

Division of Corporations

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Division of Corporations
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2021 Nov -9 PM 2:22

**FLORIDA PROFIT/NON PROFIT CORPORATION
PRIORITY WELLNESS CARE INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2021 Nov -9 PM 10:51

2ND REQUEST

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: PRIORITY WELLNESS CARE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6750 N Andrews Ave Suite 200
Ft. Lauderdale, FL 33309

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALICIA DIAZ -PRES. Name and Title:
Address: 6750 N Andrews Ave Address:
SUITE 200
Ft. Lauderdale, FL 33309

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

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

2021-11-10 14:17

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: ALICIA DIAZ
 Address: 6750 N Andrews Ave Suite 200
Ft. Lauderdale, FL 33309

2021 Nov -9 11:10:57

ARTICLE VII INCORPORATOR

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

Name: ALICIA DIAZ
 Address: 2300 W 84 ST SUITE 303A
Hialeah FL 33016

ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

X _____ 11/05/2021
 Required Signature/Registered Agent 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.

X _____ 11/05/2021
 Required Signature/Incorporator Date