

118000005160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

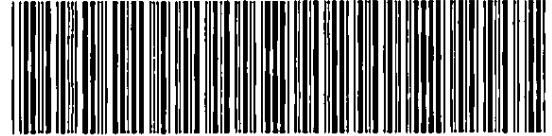
Special Instructions to Filing Officer:

Office Use Only

118000039324

MAY 11 2018

11:50:11



900312271289

04/09/18--01003--011 \*\*87.50

FILED  
2018 MAY -7 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 26, 2018

BRENDALY RODRIGUEZ  
15411 SW 26 TERRACE  
MIAMI, FL 33185

SUBJECT: OPNIA HEALTH, INC.  
Ref. Number: W18000039326

We have received your document for OPNIA HEALTH, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 318A00008581

**TRANSMITTAL LETTER**

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

**SUBJECT:** OPNIA Health, Inc.  
~~TO BE DETERMINED, 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      ☐ \$78.75      ☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing fee & Certificate of Status      Filing fee & Certify copy      Filing fee, Certify C.  
Status And certificate

**ADDITIONAL COPY REQUIRED**

**FROM:**

**Brendaly Rodriguez**  
Name (Printed or typed)

**15411 SW 26 Terrace**  
Address

**Miami 33185**  
City, State & Zip

**305 898 8003**  
Daytime Telephone number

Info.opniahealth@gmail.com  
Email address: (to be use for future annual report  
notifications)

**NOTE: Please provide the original and one copy of the articles.**

ARTICLES OF INCORPORATION  
**OPNIA HEALTH, INC.**  
A NONPROFIT CORPORATION

The undersigned, natural person of the age of eighteen years or older, acting as incorporator for the purpose of creating a nonprofit corporation under the laws of the State of Florida in compliance with Chapter 617, F.S., do hereby set forth:

Article I        The name of the corporation is **OPNIA HEALTH, INC.**

Article II       The principal place of business and mailing address of this corporation is:  
**Principal:** 15411 SW 26 Terrace Miami FL 33185

**Mailing:** 15411 SW 26 Terrace Miami FL 33185

Article III      The purposes for which the corporation is organized are:

a. **OPNIA HEALTH, INC.** is organized for exclusively religious, charitable, educational and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Law, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under said Section 501(c)(3) of the Internal Revenue Code of 1986. Specifically, the organization will educational programs to the public.

b. Notwithstanding any other provision of these Articles, this organization shall not carry on any activities not permitted to be carried on by an organization exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Law.

c. No part of the activities of the corporation shall be carrying on propaganda, or otherwise attempting to influence legislation, or participating in, or intervening in (including the publication or distribution of statements), any political campaign on behalf of any candidate for public office.

Article IV      The board of directors of the corporation shall be elected or appointed in the manner and for the terms provided in the Bylaws.

**FILED**  
2018 MAY -7 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Article V The names, addresses and titles of Directors / Officers are:

Brendaly Rodriguez, President, 15411 SW 26 Terrace Miami FL 33185,  
Alain Lopez, Vice President/Treasurer, 15411 SW 26 Terrace Miami FL 33185,  
Gustavo Rodriguez, Secretary, 15411 SW 26 Terrace Miami FL 33185

Article VI The address of the initial registered office of the corporation is

**15411 SW 26 Terrace Miami FL 33185**

and the name of the corporation's original registered agent at such address is

**REGISTER AGENT: Brendaly Rodriguez**

Article VII The name and address of the incorporator is as follows:

**Brendaly Rodriguez**

**15411 SW 26 Terrace Miami FL 33185**

Article VIII This corporation will not have members.

Article IX No part of the net earnings of the corporation shall inure to the benefit of any officer or director of the corporation; and upon the dissolution of the corporation, the Board of Directors shall, after paying or making provision for payment of all the liabilities of the corporation, dispose of the residual assets of the corporation exclusively for exempt purpose of the corporation in such manner, or to one or more organizations which themselves are exempt as organizations described in Sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1986 or corresponding Sections of any future Internal Revenue Code. Any such assets not so disposed of shall be disposed of by the Superior Court of the county in which the principal office of the corporation is then located, for such purposes or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

*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.*

Signature/Registered Agent Date

**Brendaly Rodriguez**

Signature/Incorporator Date

**Alain Lopez**

RECEIVED  
2018 MAY -9 AM 11:58  
SUPERIOR COURT OF FLORIDA  
CLERK OF COURT  
INFORMATION SERVICES

