

Division of Corporations

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Florida Department of State
Division of Corporations
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**FOREIGN PROFIT/NONPROFIT CORPORATION
MAGNOLIA HEALTH & WELLNESS INC.**

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

MAGNOLIA HEALTH & WELLNESS INC.

1. MAGNOLIA HEALTH & WELLNESS INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 26-1529501
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. NOVEMBER 9, 2007 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2585 Lakeshore Drive Mount Dora, FL 32757
(Principal office address)

P.O. Box 1638 Mount Dora FL 32756
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Mariahel Sammis

Office Address: 2585 Lakeshore Drive
Mount Dora FL, Florida 32757
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Mariahel Sammis
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Mariachel Sammis

Address: 2595 Lakeshore Drive
Munnit Dora FL 32757

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: Marlaebel Sarmis

Address: 2585 Lakeshore Dr.
Mount Dora FL 32757

Vice President: _____

Address: _____

Secretary: Mariaebel Sammis

Address: 2585 Lakeshore Dr. Mount Dora FL 32757

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Maribel Samois, Pres
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Margaret Sammis, President
(Typed or printed name and capacity of person signing application)

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State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MAGNOLIA HEALTH & WELLNESS INC. was filed on 11/09/2007, under the name of CAREPLUS WHOLISTIC HEALTH, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment CAREPLUS WHOLISTIC HEALTH, INC., changing its name to MAGNOLIA HEALTH & WELLNESS INC., was filed 08/02/2018.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 07th day of August
two thousand and eighteen.*



Brendan W. Fitzgerald
Executive Deputy Secretary of State

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