N240WULLeyI

	(Requestor's Name)
	(incluestor's Name)
	(Address)
	(
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
·	(Business Entity Name)
	(Document Number)
Cartified Copies	Certificator of Status
Cerimeo Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



700438829617





COVER LETTER

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

SUBJECT: Lotu	S Flower W	Cllyess Ten	ngle Inc	<u>ک</u> .
			TALLAH	F-1L
Enclosed is an original a	nd one (1) copy of the Artic	les 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	M 9: L7
		ADDITIONAL CO	PY REQUIRED	
FROM:	Erin Gi	e (Printed or typed)	_	
	2915 Share	er Rd #161 Address	<u> </u>	
	Tallahassee	F1 32312	_	
	850-445- Daytir	3740 ne Telephone number	_	N.
	E-mail address: (to be used for f	was 18705f10	ower candles l	11109mail.co.

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

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of the	NAME corporation shall be: Lotus Flower	Wellness Temp	le Inc.
ARTICLE II	PRINCIPAL OFFICE	·	
	Principal street address: 25-13 Rail Mad Square allahassee Fl 32310	Mailing address, if different in 2915 Sharer Rd Tallahassee Fl	# 1611
Sudd fore produ harm		treach fostering tivate deeper a wase i Dutreak for the directors are elected and appointed:	THE STATE OF THE SEE FATE
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS		
Address	2915 Sharer Rd Address + 1611 Tollahoussee H 32212		
Name and Titl	Tallahussee H 32312 10: Savannah WKOX Pireitoriame in	nd Title:	
Address	2915 Shaver Rd Address	s:	
Name and Tit	# 1611 Tallahascee F) 32312 le: Hosain Tufailieh CFO Name an Directer 2915 Sharer Rd. #1611 Address	nd Title:	
Address	Tallahasse F1 32312	5;	

Name and Title:_	Name and Title:			
Address	Address:			
<u> </u>				
Name and Title:_	Name and Title:			
Address	Address:			
_				
_				
The name and Flo Name: Address:	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of the registered agent is: Erin Gill Ceo + Director 2915 Sharer Rd #1611 Incorporator Incorporator Gill Ceo + Director 2915 Sharer Rd. #1611	SECRETARY OF STATE TALLAHASSEE. FL	2824 OCT 30 AM 9: 47	
	Tallahassee Fl 32312			
T CC	other than the date of filing: 0 4 30 2024. (OPTIONAL) date is listed, the date must be specific and cannot be more than five days prior o	or 90 days after	the filin	g.)
Note: If the date	e inserted in this block does not meet the applicable statutory filing requirements, this ctive date on the Department of State's records.			
Having been nar certificate, I am f	med as registered agent to accept service of process for the above stated corporatio familiar with pred accept the appointment as registered agent and agree to act in this co	ириспу		,
-	Required Signature of Registered Agent	10-30 Date	-24	l
	Required Signature of Registered Agent	Date		
I submit this doci	ument and affirm that the facts stated herein are true. I am aware that any false inform	nation submitted	in a doc	ument to

10-30-24 Date

the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature of Incorporator