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TRANSMITTAL LETTER

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

600007166336--7
-08/16/02--01043--011
*****78.75 *****78.75

SUBJECT: CPJ HOME WELLNESS 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 Filing Fee	☑ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: COBY J JACOBS
Name (Printed or typed)

6652 US 1 SOUTH
Address

PORT ST LUCIE FL 34952
City, State & Zip

772-464-2215
Daytime Telephone number

FILED
02 AUG 16 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

8/19

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: CPJ HOME WELLNESS INC.

FILED
02 AUG 16 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 6652 US 1 SOUTH
PORT ST LUCIE, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
SALES OF HOME CARE PRODUCTS

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): COBY J JACOBS 637 SE. RON RICO TER PORT ST LUCIE FL 34983
PRES. - COBY J JACOBS 637 S.E RON RICO TER PORT ST LUCIE FL 34983
V.P.
SEC & TREASURER - COBY J JACOBS 637 S.E. RON RICO TER PORT ST LUCIE FL 34983

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

COBY J JACOBS
637 SE RON RICO TER PORT ST LUCIE FL 34983

ARTICLE VII INCORPORATOR

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

COBY J JACOBS
637 SE RON RICO TER PORT ST LUCIE FL 34983

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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

Coby J Jacobs
Signature/Registered Agent

8-14-02
Date

Coby J Jacobs
Signature/Incorporator

8-14-02
Date