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TRANSMITTAL LETTER

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

SUBJECT:	KRYSTAL HEALTH VITA	MINS & HERB, INC	
9012311011 -	(PROPOSED CORPORAT	ename=musiumos	ODE SOE DE
			-
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation an	d a check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	1 \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status
FROM:	KRYSTAL HEALTH VITA	AMINS & HERB, INC	
	Name (Printed or typed)	
	604B EAST VINE STEE	ET	
	A	ddress	
	KISSIMMEE, FLORIDA	34744	
	City, S	State & Zip	
	407-390-9343		
	Daytime Te	elephone number	

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

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:

Krystal Health Vitamins & Herb, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6048 E Vine Street Kissimmee, Florida 34744

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

newly formed corporation to retail Vitamins & Herbs

ARTICLE IV SHARES

The number of shares of stock is:

001

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Jose A Chacon

6048 E Vine Street, Kissimmee, Florida 34744

REGISTERED AGENT ARTICLE VI

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

Jose A Chacon 6048 E Vine Street Kissimmee, Florida 34744

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jose A Chacon 6048 E Vine Street Kissimmee, Florida 34744

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

umature/Incorporator