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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

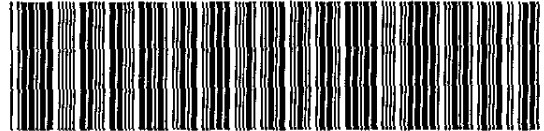
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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gjc/c

TRANSMITTAL LETTER

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

SUBJECT: Minerva Medica, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Kathleen Kennedy-Olsen
 Name (Printed or typed)

6215 SW 145 Street
 Address

Miami, Florida 33158
 City, State & Zip

305.256.9043
 Daytime Telephone 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:

Minerva Medica, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6215 SW 145 Street, Miami, FL 33158

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Marketing of health & beauty products

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Kathleen Kennedy-Olsen, President/Director

ARTICLE VI REGISTERED AGENT

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

Kathleen Kennedy-Olsen, 6215 SW 145 Street, Miami, FL 33158

ARTICLE VII INCORPORATOR

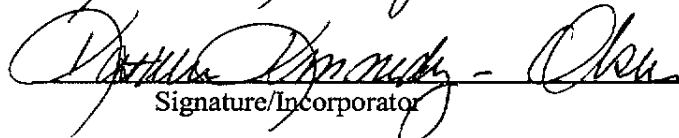
The name and address of the Incorporator is:

Kathleen Kennedy-Olsen, 6215 SW 145 Street, Miami, FL 33158

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

2.10.03
Date


Signature/Incorporator

2.10.03
Date

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TALLAHASSEE, FLORIDA