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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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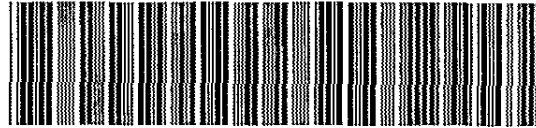
(Business Entity Name)

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FILED
03 APR 21 AM 11:15
TALLAHASSEE, FLORIDA

APR 23 2003

TRANSMITTAL LETTER

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

SUBJECT: FLORIDA WELLNESS GROUP, 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 ☐ \$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: DR. GARRETT WEINSTEIN
 Name (Printed or typed)

21396 MARINA COVE CIRCLE UNIT J-16
 Address

ADVENTURA, FL 33180
 City, State & Zip

(305) 450-2952
 Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

FLORIDA WELLNESS GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3246 NORTH ANDREWS AVE
OAKLAND PARK, FL 33309

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
60/SIXTY

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

DR. GARRETT WEINSTEIN
21396 MARINA COVE CIRCLE UNIT J-16, ADVENTURA, FL 33180

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

DR. GARRETT WEINSTEIN
21396 MARINA COVE CIRCLE UNIT J-16, ADVENTURA, FL 33180

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Signature/Incorporator

4-18-2003

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

4-18-2003

Date