## P040000a3272

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

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

•	•			Tex.	
Enclosed are an or	iginal and one (1) copy of the art	icles of incorporation and	d a check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED		
FROM: Name (Printed or typed)  Sec.					
	me took	Address St.	seet, Su	TE A	
•	For Langer City	State & Zip	35-61EEE	545	
	954-354	4-26014			

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

Daytime Telephone number

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) FILED ARTICLE I NAME The name of the corporation shall be: nel to Even Holistic & Wellness Many Senson SECRETARY OF STATE TALLAHASSEE, FLORIDA ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: SLOOK SW (4+4 STREET - SUITE A FORT LANDERDAKE FL 33312-3565 TICLE III PURPOSE ARTICLE III The purpose for which the corporation is organized is: ARTICLE IV 100 - are throsed - 3/00 The number of shares of stock is: LOOK TO STOCK ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is: INCORPORATOR ARTICLE VII The name and address of the Incorporator is: 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

Signature/Incorporator

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