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# TRANSMITTAL LETTER

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

SUBJECT: Cells U	nlimited & Supply Store, Inc (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:	7		
\$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  PPY REQUIRED			
FROM: Co	rey Antonio Name	(Printed or typed)				
128 S. Bumby Avenue Suite A				ALI SE	204	
Address Orlando, Florida 32803 City, State & Zip				CHIASSE	U I ACH 70	
		жас & Дір		OF SI	7	Ċ
	(407) 896-7773  Daytime T	elephone number			1:44	

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:

Cells Unlimited & Supply Store, Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7073 S. Orange Blossom Trail Orlando, Florida 32819

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

All legal business practices

### ARTICLE IV SHARES

The number of shares of stock is: 100

# INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Corey Antonio- President 128 S. Bumby Avenue Suite A Orlando, Florida 32803

Timothy Lawrence-Vice President 128 S. Bumby Avenue Suite A Orlando, Florida 32803

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Corey Antonio 128 S. Bumby Avenue Suite A Orlando, Florida 32803

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Corey Antonio 128 S. Bumby Avenue Suite A Orlando, Florida 32803

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

//- 5 0 ( Date

Signature/Incorporator