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(Re	questor's Name)			
(Add	dress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	me)		
(Doc	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to F	Filing Officer:			

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SECRETARY OF STATE
ALLAHASSEE, FLORIO

COVER LETTER

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

		UDE SUFFIX)		
ginal and one (1) copy of the artic	cles of incorporation and	a check for:	ı	
Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
Name 1150 A City,	(Printed or typed) 79 NW 16 P1 Address Ain as villa, F1 State & Zip 72 - 332-98	SECRETARY OF STATE LLAHASSEE, FLURIDA 3260	06 SEP -5 PM 2: 13	FILED
	inal and one (1) copy of the arti 78.75 Filing Fee & Certificate of Status Name 1150 City,	inal and one (1) copy of the articles of incorporation and \$78.75 Filing Fee & Certificate of Status ADDITIONAL CO ADDITIONAL CO Name (Printed or typed) 11509 NW 16 P1 Address Gain esville, Fl City, State & Zip	inal and one (1) copy of the articles of incorporation and a check for: \$78.75	inal and one (1) copy of the articles of incorporation and a check for: \$78.75

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

The name of the corporation shall be: Vela Health Co.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1/509 NW 16 P/ Gainasville, F1 32606
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Business consulting
The maximum number of shares this corp is authorized to issue is 100, par value per share, all of which shall be common sh
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): ANDRES O. Castollanas, CEO
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Belinda Castellanos 11509 NW 16 Pl Gainesville, Fl 32606
The name and address of the Incorporator is: Andres O. Castellanos 11509 NW 16 Pl Gainesville, Fl 32606

Signature/Registered Agent Signature/Incorporator Signature/Incorporator 9/1/66 Date

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)