

PO6000148988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2006 DEC - 1 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: immuneXcell 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

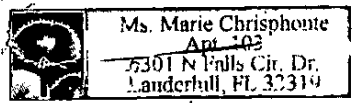
ADDITIONAL COPY REQUIRED

FROM: Marie Chrisphonte
Name (Printed or typed)

6301 N. Falls Circle Dr #103
Address

Lauderhill FL 33319
City, State & Zip

(954) 7171786
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)

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ARTICLE I NAME

The name of the corporation shall be: *immuneXcell, Inc.*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*6301 N. Falls Circle Dr #103
Lauderhill, FL 33319*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

purchase and distribute health products

ARTICLE IV SHARES

The number of shares of stock is:

20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Marie Chrisphonte, Director
6301 N. Falls Circle Dr #103
Lauderhill, FL 33319*

ARTICLE VI REGISTERED AGENT

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

*Marie Chrisphonte, Registered Agent
6301 N. Falls Circle Dr #103
Lauderhill, FL 33319*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Marie Chrisphonte
6301 N. Falls Circle Dr #103
Lauderhill, FL 33319*

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

Marie Chrisphonte

Signature/Registered Agent

11/20/06

Date

Marie Chrisphonte

Signature/Incorporator

11/20/06

Date