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(Re	equestor's Name)			
(Address)				
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(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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07 JAN 22 AM 9: 06 SECRETARY OF STATE FALLAHASSEE, FLORIDA

go/

COVER LETTER

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

SUBJECT:	Bond Health, Inc.		
	(PROPOSED CORPORAT		
\$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
FROM:	Scott Bond		
	Name (Printed or typed)	
	1363 Madison Ivy Circle		
	A	ddress	
	Apopka, FL 32712		
	City,	State & Zip	
	407-760-7709		
	Daytime To	elephone number	

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

ARTICLES OF INCORPORATIO		:
In compliance with Chapter 607 and/or Chap	pter 621, r.s. (Profit)	7.7. O
ARTICLE I NAME		FILED 17 JAN 22 AM 9: 06 ECRETARY OF STATE ALLAHASSEE, FLORIDA
The name of the corporation shall be:		RET AHL
Bond Health, Inc.		AR ASS
,		FILED V22 AM TARY OF
ARTICLE II PRINCIPAL OFFICE		FS F
The principal place of business/mailing addre	ss is:	
1363 Madison Iry	Lircle	2
The principal place of business/mailing address 1363 Machison Ivy C	<u> </u>	
ARTICLE III PURPOSE		
The purpose for which the corporation is org	ganized is:	
The specific and primary purposes for w related products and all other legal acts		
ARTICLE IV SHARES		
The number of shares of stock is:		
1		
	AND/OD DEPENDES	
ARTICLE V INITIAL OFFICERS A List name(s), address(es) and specific title(s	AND/OR DIRECTORS	
Scott Marshall Bond	Brandi Jo Bond	
President	Vice President	
1363 Madison Ivy Circle	1363 Madison Ivy Circle	
Apopka, FL 32712	Apopka, FL 32712	
ARTICLE VI REGISTERED AGE		. •
The <u>name and Florida street address</u> (P.O.	Box NOT acceptable) of the registered ag	ent is:
Scott Bond		
1363 Madison Ivy Circle		
Apopka, FL 32712		
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is	:	
Scott Bond		
1363 Madison Ivy Circle		
Apopka, FL 32712		
**********	*********	*****
Having been named as registered agent to accept ser		
certificate, Lam familiar with and accept the appointn	nent as registered agent and agree to act in this co	храсну

Signature/Registered Agent

Signature/Incorporator

/-/5-0 > Date /-/5-0 > Date