## P0809996897

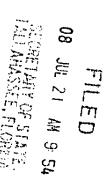
| ·   |
|---|
| (Requestor's Name)                        |
|   |
| (Address)                                 |
|   |
| (Address)                                 |
|   |
| (City/State/Zip/Phone #)                  |
| PICK-UP WAIT MAIL                         |
|   |
| (Business Entity Name)                    |
|   |
| (Document Number)                         |
| Certified Copies Certificates of Status   |
| Special Instructions to Filing Officer:   |
| Special instructions to 1 lining Officer. |
|   |
|   |
|   |
| ,   |
|   |
|   |

Office Use Only



800133130538

07/21/08--01018--004 \*\*70.00





## **COVER LETTER**

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

| SUBJECT:                                | ellez Welli                                  |  |   |  |  |
|---|--|--|---|--|--|
|   | (PROPOSED CORPORA                            | TE NAME - MUST INCL                                  | <u>JUDE SUFFIX</u> )  |  |  |
| Enclosed are an orig                    | inal and one (1) copy of the arti            | cles of incorporation and                            | a check for:  |  |  |
| \$70.00<br>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:                                   | Luis A. Tel                                  | (Printed or typed)                                   |   |  |  |
| 9085 SW 87th Avenue, Suite 201.         |  |  |   |  |  |
|   | Miami Florida                                |  | ·   |  |  |
|   | (305). 316.                                  | - 9777   |   |  |  |
| • |  |  |   |  |  |

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

| ARTICLE I NAME The name of the corporation shall be:  Tellez Wellness Inc.   | ED<br>21 AM 9<br>3M OF STA<br>SSEE, FLOR |  |  |  |
|--|--|--|--|--|
| ARTICLE II PRINCIPAL OFFICE  The principal street address and mailing address, if different is:  | 55 S                                     |  |  |  |
| 4085 SW 87th Avenue, Suite 201.  Miami, FLorida 33176.  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  |  |  |  |  |
| Provide Massage therapy Services.  |  |  |  |  |
| ARTICLE IV SHARES The number of shares of stock is:  |  |  |  |  |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):   |  |  |  |  |
| Luis A. Tellez CEO.  |  |  |  |  |
| Vanna Nikolov Secretary. 3172 SW 27th Ave Unit L Coconut Grove, FL 33133 ARTICLE VI REGISTERED AGENT   |  |  |  |  |
| ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is  | s:                                       |  |  |  |
| Luis A. Tellez. 3172 sw 27th Ave. Unit 1. Coconut Grove, FL 33133. ARTICLE VII INCORPORATOR  |  |  |  |  |
| The name and address of the Incorporator is:   |  |  |  |  |
| Luis A. Tellez<br>3172 sw 27th Ave Unit 1.<br>Coconut Grove, FL 33133  |  |  |  |  |
| ***************************************  | ******                                   |  |  |  |
| 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 |  |  |  |  |
| Yors Alellia 07-0  | 11-2008                                  |  |  |  |
| Signature/Registered Agent  D  77 - 7  | 01-2008<br>ate<br>01-2008                |  |  |  |
|  | ate                                      |  |  |  |

ARTICLES OF INCORPORATION

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