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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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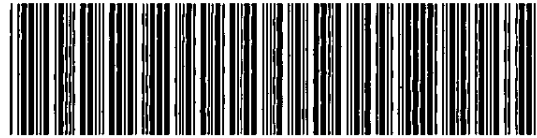
(Business Entity Name)

(Document Number)

Certificates of Status

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-2-28

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COVER LETTER

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

SUBJECT: PALMER'S HEALTH SOLUTION Corp.
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: GERARDO PALMER
Name (Printed or typed)

11333 SW 160 PLACE
Address

MIAMI, FLORIDA. 33196
City, State & Zip

786.512-5806
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)

ARTICLE I NAME

The name of the corporation shall be:

PALMER'S HEALTH SOLUTION *Corp.*

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

11333 SW 160 PLACE. MIAMI, FLORIDA. 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GERARDO PALMER. 11333 SW 160 PLACE MIAMI, FLORIDA. 33196. PRESIDENT

DIANELYS PALMER. 11333 SW 160 PLACE MIAMI, FLORIDA. 33196. VICE-PRESIDENT

ARTICLE VI REGISTERED AGENT

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

PRESIDENT

GERARDO PLAMER.

11333 SW 160 PLACE MIAMI, FLORIDA. 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GERARDO PLAMER.

11333 SW 160 PLACE MIAMI, FLORIDA. 33196


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

09/09/08

Date



Signature/Incorporator

09/09/08

Date

FILED
2009 SEP 12 P 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA