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(Re	equestor's Name)	
(Āc	ddress)	.
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
· (Bu	usiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TAIL AHASSEE. FLORID

EP 6/30/09

COVER LETTER

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

SUBJECT:	PUFMM, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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:	Kimb Name	erly Russell e (Printed or typed)		
	P.O. Box 560296 Address			
		o, FL 32856		
	City,	State & Zip		
	407 Daytime T	-405-0110 Pelephone number		
	kruss70 E-mail address: (to be use	@gmail.com d for future annual report :	notification)	

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:

PUFMM, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4624 Tinsley Drive Orlando, FL 32839 Mailing: P.O. Box 560296 Orlando, FL 32856

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Provide an all natural treatment option for patients

ARTICLE IV SHARES

The number of shares of stock is:

10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kimberly Russell 4624 Tinsley Drive Orlando, FL 32839 President Joshua Giesegh 10395 Arbor Ridge Trail Orlando, FL 32817 Vice President

ARTICLE VI REGISTERED AGENT

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

Kimberly Russell 4624 Tinsley Drive Orlando, FL 32839

ARTICLE VII **INCORPORATOR**

The <u>name and address</u> of the Incorporator is:

Kimberly Russell 4624 Tinsley Drive Orlando, FL 32839

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