

## Florida Department of State **Division of Corporations Electronic Filing Cover Sheet**

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# FLORIDA PROFIT/NON PROFIT CORPORATION SUNNY SIDE HEALTH & WELLNESS GROUP CORP.

Certificate of Status 0 Certified Copy 1 Page Count 05

**Estimated Charge** 

\$78.75

Electronic Filing Menu

Corporate Filing Menu

SECRETARY OF SHALL DIVISION OF CORPORATION

# H10000088987

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### **ARTICLES OF INCORPORATION**

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act. hereby adopts the following articles of incorporation.

#### **ARTICLE I NAME**

The name of the Corporation shall be:

SUNNY SIDE HEALTH & WELLNESS GROUP CORP.

#### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation shall be:

**Principal Place** 

949 NW Bay Shore Blvd

Port St Lucie, FL 34983

Mailing Address:

949 NW Bay Shore Blvd

Port St Lucie, Fl 34983

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#### **ARTICLE III SHARES**

The maximum number of shares of stock that this corporation is authorized to issue is 500 shares of common stock having \$ 20.00 per value per share.

### **ARTICLE IV INCORPORATORS**

The name and street address of the incorporators to these Articles of Incorporation are :

Laura Suhanov

: 949 NW Bay Shore Blvd

Port Saint Lucie, FL 34983

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### **ARTICLE V DIRECTORS**

The name and address of the Directors are

Laura Suhanov ......President 949 NW Bay Shore Blvd Port St Lucie, FL 34983

Laura Suhanov

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SECRETARY OF STATE DIVISION OF CORPORATION.

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OR PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida statutes, the following is submitted, in compliance whit said Act.

First that SUNNY SIDE HEALTH & WELLNESS GROUP CORP desiring to organize under the laws of the State of Florida has named: Ms Laura Suhanov, located at 949 NW Bay Shore Blvd, city of Port St Lucie, state of Florida, zip code 34983 as its agent to accept service of process within this state.

### **ACKOWLEDGEMENT**

Having been named to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keepping open said office.

By Have Shana

Laura Suhanov H 1 0 0 0 0 0 8 8 9 8 7