

P 1400008695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 24 2014

S. GILBERT

COVER LETTER

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

SUBJECT: **Herbal Wellness Miami Inc.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and 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

**ADDITIONAL COPY REQUIRED**

FROM: **Aramis Hernandez**

Name (Printed or typed)

**139 NE 1st St Suite 600**

Address

**Miami, FL 33130**

City, State & Zip

**(305) 374-7744**

Daytime Telephone number

**aramis@miamilegalcenter.com**

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION  
in compliance with Chapter 617, F.S. (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Herbal Wellness Miami Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
12344 SW 127th Avenue  
Miami, FL 33186

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FALLA CHIEF OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This Cororation is organized exclusively for  
charitable, scientific and educational purposes within the meaning of Sec. 501(c)(3)  
of the Internal Revenue Code. This Corporation is organized to promote the common  
good and general welfare of the people in its community.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: The directors of the  
corporation shall be elected in accordance with methods and qualifications specified in the by-laws of the corporation.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Aramis Hernandez, Director</u>	Name and Title:	<u>Jorge Pulido, Director</u>
Address	<u>139 NE 1st St</u>	Address:	<u>12344 SW 127th Ave</u>
	<u>Suite 600</u>		<u>Miami, FL 33186</u>
	<u>Miami, FL 33130</u>		
Name and Title:	<u>Omar Andres, Director</u>	Name and Title:	
Address	<u>12344 SW 127th Ave</u>	Address:	
	<u>Miami, FL 33186</u>		
Name and Title:		Name and Title:	
Address		Address:	

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

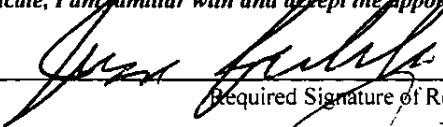
Name: Jorge Pulido  
Address: 12344 SW 127th Ave  
Miami, FL 33186

**ARTICLE VII INCORPORATOR**

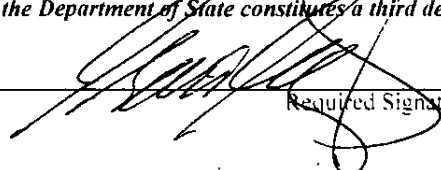
The **name and address** of the Incorporator is:

Name: Aramis Hernandez  
Address: 139 NE 1st St Suite 600  
Miami, FL 33130

*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*

 \_\_\_\_\_  
Required Signature of Registered Agent Date 10/03/2014

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

 \_\_\_\_\_  
Required Signature of Incorporator Date 10/03/2014