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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

FLORIDA PROFIT/NON PROFIT CORPORATION HEALTH DEPOT INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

H14000285122

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

EFFECTIVE DATE 01/01/15

HEALTH DEPOT INC					
ARTICLE II PRINCIPAL OFFICE:					
The principal street address and mailing address is:					
2075 SW 122 AVE					
<u>#325</u>					
MIAMI FL 33175					
ARTICLE III SHARES: The number of shares of stock is: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\					
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:					
LISSET ARENAS (PD)					
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:					
The name and Florida street address (PO Box not acceptable) of the registered agent is:					
LISSET ARENAS					
2075 SW 122 AVE # 325					
MIAMI FL 33175					
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:					
LISSET ARENAS					
2075 SW 122 AVE # 375					
MIAMI FL 33175					

#5199 P.003/003

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Required Signatures:

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

Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Incorporator