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| (Requestor's Name) | | | | |
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| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

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

| Tananassee, FL 52. | ,14 | | |
|----------------------|--|---|---|
| SUBJECT: | Stefika Modi | ATE NAME - MUST INCL | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the art | ticles of incorporation and | d a check for: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM: | 56/- 30/- Daytime T | Address Address State & Zip 9737 Telephone number | 3472 |
| | E-mail address: (to be use | Hike Medika 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 | Esktika | Hedika | 110 | 7.0 | |
|---------------|----------------------------------|-------------------|----------------|---------------|--------------------------------|---------------|
| | | , , | MEDIAL | <i>V</i> . | LAC | |
| ARTICLE II | PRINCIPAL OFF Principal stree | | | Mailing add | ess, if different is | : |
| 9036 | PAKAGO | n Way | | | 200 | <u></u> |
| Bound | In Bea | ch 7/ | | | 1 (3 a 2 a 2 | TE Tou |
| | 334 | _ | | | 7×1 120 120 | 30 L |
| ARTICLE III I | PURPOSE ich the corporation | is organized is: | To sale | anc | 1 dist | ET L |
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| · - | INITIAL OFFICE | RS AND/OR DIRE | | | | , |
| Name and | | | Name and Title | | | eogo Cl |
| Address | 9036 P | PARRON W | Address: | 9036 | Para | on Va |
| | Boynto | n Beach , 3347 | · | Boya | tm Sec 7/ 33 | sch ' |
| Name and T | Title: | | Name and Title | 2 ′ | | |
| Address | | | Address: | | | |
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| Address | | · | Address: | - | | |
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| Name and Title: | Name and Title: |
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| Address | Address: |
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| | |
| ARTICLE VI REGISTERED AGENT | No California Carte and Associate |
| The <u>name and Florida street address</u> (P.O. Box NOT acceptable Name: () An Caelos) h | of the registered agent is: |
| Address: 9036 Panagon Way | - 15 - 15 - 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18 |
| Boynton Beach 71. | 3347a A |
| ARTICLE VII INCORPORATOR | PH 7. |
| The <u>name and address</u> of the Incorporator is: | ా |
| Name: Juan Carlos DIA | <u> </u> |
| Address: 9036 Paragon Wa Boynton Beach 7/ | %,- |
| Boynton Beach, 71 | 3347-2 |
| laving been named as registered agent to accept service of proc this certificate, I am familiar with and accept the appointment as | ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity |
| LOX | 3/11/2015 |
| Required Signature/Registered Agent | Date |
| l submit this document and affirm that the facts stated herein a document to the Pepartment of State constitutes a third degree fe | re true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S. |
| 4-01 | 3/16/2015 |
| Required Signature/Incorporator | Pate |