

06/02/2033 04:43

#5531 P.001/003

**DIS000061107**

**Florida Department of State**

**Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

**((H15000178127 3)))**



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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**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**

15 JUL 22 PM 3:07

**\*\*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  
JA HEALTH GROUP INC**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUL 22 AM 9:04

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**ARTICLES OF INCORPORATION H15000178127**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME:** The name of the corporation is:

JA Health Group Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7265 SW 22 St  
Miami FL 33155

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Yaquelin Abreu - P

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Yaquelin Abreu  
7265 SW 22 St  
Miami FL 33155

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Yaquelin Abreu  
7265 SW 22 St  
Miami FL 33155

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TALLAHASSEE, FLORIDA

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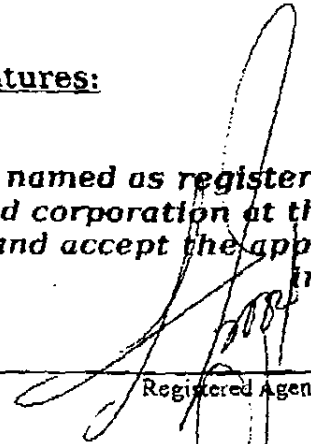
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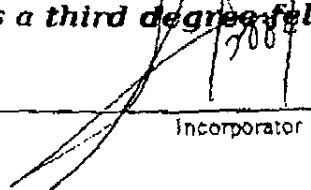
**Required Signatures:**

***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

07-22-15  
\_\_\_\_\_  
Date

***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

07-22-15  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA

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