

# P1500001851193488

Florida Department of State  
Division of Corporations  
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**Email Address:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**NV GLOBAL WELLNESS INC,**

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

15 JUL 30 PM 4:45

15 JUL 30 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:NV GLOBAL WELLNESS INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2263 SW 37 AVENUE #436CORAL GABLES, FL 33145**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**(P) NANCY VALENZUELA**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

NANCY VALENZUELA2263 SW 37 AVENUE #436CORAL GABLES, FL 33145**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:NANCY VALENZUELA2263 SW 37 AVENUE #436CORAL GABLES, FL 3314515 JUL 30 AM 9:02  
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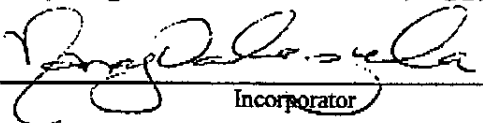
**Required Signatures:**

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

07-30-15  
\_\_\_\_\_  
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

07-30-15  
\_\_\_\_\_  
Date

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