

P15000068168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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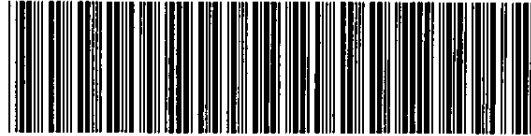
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/10/15--01006--008 **78.75

SECRETARY OF STATE
ALL AHA SECTION 08/10/15

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W PAINTER

COVER LETTER

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

SUBJECT: RAW OASIS HEALTH INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: ISABEL E. VALLE
Name (Printed or typed)
1275 CRYSTAL WAY UNIT I
Address
DELRAY BEACH, FL 33444
City, State & Zip
561-306 1017
Daytime Telephone number
isabellevalley@live.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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: RAW OASIS HEALTH INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5227 WEST BROWARD BLVD
PLANTATION, FL 33317

1275 CRYSTAL WAY UNIT I
DELRAY BEACH FL 33444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any AND All LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Isabel E. Valle PRESIDENT Name and Title: _____

Address 1275 CRYSTAL WAY Address: _____
UNIT I
DELRAY BEACH, FL 33417

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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DELRAY BEACH, FLORIDA

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: BAOUL VALLE
Address: 5221 WEST BROWARD BLVD.
PLANTATION, FL 33317

ARTICLE VII INCORPORATOR

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

Name: Isabel Valle
Address: 1275 CRYSTAL WAY UNIT I
DELRAY BEACH, FL 33444

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ATLANTA, GEORGIA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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/Registered Agent

8/6/15
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.



Required Signature/Incorporator

8/6/15
Date