

P15000068168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

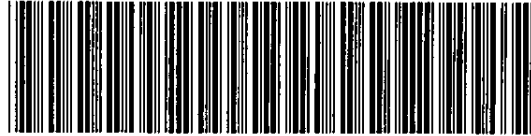
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000275841500

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

SECRETARY OF STATE
ALL AHA SERVICES OFFICE

15 AUG 10 PM 6:11

FILED

AUG 14 2015

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: 5227 WEST BROWARD BVD PLANTATION, FL 33317
Mailing address, if different is: 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:	<u>Isabel E. Valle</u>	<u>PRESIDENT</u>	Name and Title:	_____
Address	<u>1275 CRYSTAL WAY</u>	Address:	_____	
	<u>UNIT I</u>		_____	
	<u>DELRAY BEACH, FL 33317</u>		_____	
Name and Title:	_____	Name and Title:	_____	
Address	_____	Address:	_____	
	_____		_____	
Name and Title:	_____	Name and Title:	_____	
Address	_____	Address:	_____	
	_____		_____	

FILED
15 AUG 10 PM 6:11
SECRETARY OF STATE
401 FLORIDA
TALLAHASSEE, 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: RAOUL 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

FILED
 15 AUG 10 PM 6:12
 SECRETARY OF STATE
 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