

P/15000072457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

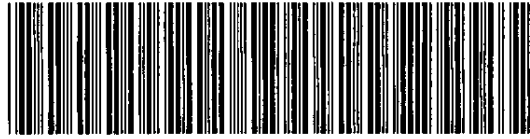
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATION
15 AUG 27 AM 10:24

EFFECTIVE DATE 09/01/15

 09/03/15

COVER LETTER

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

SUBJECT: USLADA HEALTHWAY, 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: LYUDMILA DRAGOMIR-WOODS

Name (Printed or typed)

149 MCGRADY LAKE ROAD

Address

CRESCENT CITY FL 32112

City, State & Zip

386-559-3259

Daytime Telephone number

DDRAGOMIRR@GMAIL.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: USLADA HEALTHWAY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

51 PRESIDENT LANE

PALM COAST

FL 32164

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

CONSULTING IN HOME DECORATION, MARKETING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT

Name and Title: _____

Address LYUDMILA DRAGOMIR-WOODS

Address: _____

149 MCGRADY LAKE ROAD

CRESCENT CITY FL 32112

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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DIVISION OF CORPORATION
15 AUG 27 AM 10:24

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: MARIANNA KAZACHKOVA
 Address: 51, PRESIDENT LANE
PALM COAST FL 32164

ARTICLE VII INCORPORATOR

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

Name: LYUDMILA DRAGOMIR-WOODS
 Address: 149 MCGRADY LAKE ROAD
CRESCENT CITY FL 32112

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: SEPTEMBER 1, 2015 (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:

Marianna Kazachkova

Required Signature/Registered Agent

08/25/15
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.

[Signature]

Required Signature/Incorporator

8/25/15
Date