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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 FEB 24 PM 1:59

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COVER LETTER

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

SUBJECT: Pura Vida Wellness 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 \$78.75
Filing Fee Filing Fee
& Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Kathleen Leslie
Name (Printed or typed)

341 5th Ave N
Address

St Petersburg, FL 33701
City, State & Zip

727-482-4058
Daytime Telephone number

KatNapp13@yahoo.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: Dora Vida Wellness Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
3415th Ave W
St Petersburg Fl 33701

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Colonic treatments,
skin care, massages and general
personal care

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kathleen Kestler, President Name and Title: _____

Address 3415th Ave W Address: _____
St Pete Fl
33701

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

18 FEB 24 PM 1:59
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TALLAHASSEE FLORIDA

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Name and Title: _____ Name and Title: 16 FEB 24 PM 1:59
Address _____ Address: SECRETARY OF STATE

TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Stephanie Pitts
Address: 860 24th Ave N
St Pete FL 33701

ARTICLE VII INCORPORATOR

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

Name: Kathleen Heslie
Address: 341 5th Ave N
St Pete FL 33701

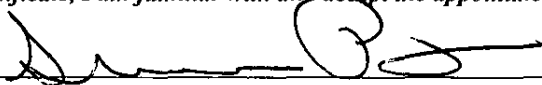
ARTICLE VIII EFFECTIVE DATE:

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

2/15/16

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

2/15/16

Date