

PN000040217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

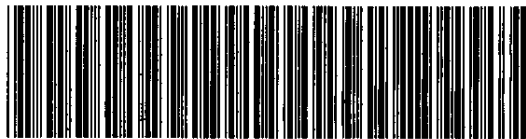
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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04/25/16--01013--001 **70.00

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SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 12-10-16 BY 724

COVER LETTER

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

SUBJECT: CellularHealthTherapy, 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: Christopher Rudez

Name (Printed or typed)

4004 S Orlando Drive

Address

Sanford

City, State & Zip

Florida

Daytime Telephone number

407-353-5522

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2016

CHRISTOPHER RUDEZ
4004 S ORLANDO DRIVE
SANFORD, FL 32773

SUBJECT: CELLULARHEALTHTHERAPY, INC.
Ref. Number: W16000031956

We have received your document for CELLULARHEALTHTHERAPY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

COMPLETE THE ADDRESS FOR PRINCIPAL ADDRESS.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 516A00009002

FILED
15 MAY -9 PM 5:37
16 MAY -9 PM 12:52
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: CellularHealthTherapy, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4004 S. Orlando Drive Sanford, Florida 32773

Mailing address, if different is:
375 Emerson Plaza Unit 816
Altamonte Springs, Florida 32701

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Business

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher Rudez Pres.

Address 4004 S. Orlando Drive

Sanford, Florida 32773

Name and Title:

Address:

Name and Title: Justina Rudez Vice Pres.

Address 375 Emerson Plaza

Unit 816

Altamonte Springs Florida

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY -9 PM 5:37

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: Justina Rudez

Address: 375 Emerson Plaza Unit 816

Altamonte Springs Florida 32701

ARTICLE VII INCORPORATOR

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

Name: Christopher Rudez

Address: 4004 S. Orlando Drive

Sanford Florida 32773

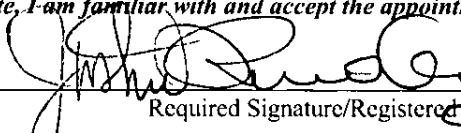
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/15/2016 (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.)

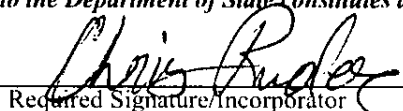
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

4/20/2016
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

4/20/2016
Date

FILED
16 MAY -9 PM 5:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA