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Special Instructions to Filing Officer:				
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## **COVER LETTER**

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

SUBJECT:	SERANEAUCORP.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED
FROM:	GAIL SERANEA Name		) <del> </del>
	DAVIE Flori	09 33324 State & Zip	
	(954) 290 - 93! Daytime To	59 elephone number	
	SERAUEAU CORP E-mail address: (to be used	Mail Com	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 NAM	ME O		A le sie a Tommer England
The name of the corp	oration shall be: SeroneauCor	ρ	16 MAY 27 PM 12: 33
ARTICLE II PRI	NCIPAL OFFICE		
	Principal street address		Mailing address, if different STATE TALL AHASSEE FLORIDA
9420 Tana	erine Place #404		
	RIDA 33324		
	~	<del></del> .	
ARTICLE III PUR The purpose for which	ch the corporation is organized is:	create health	ny lifestyles by incorporating
restorative	activities into a sede	entare exist	ense and interluce
م مليله مر	was was the Hat II'm	J. T.	1 W. martha or ill
			health results, as well
as other	a range of services t	hat integrate	mind, body and spirit
to enhance	e the well-being of	those we	touch.
	O		
ABTIOLE II CII	4850		
ARTICLE IV SHA The number of shares		hundred	
ARTICLE V INI	<u>TIAL OFFICERS AND/OR DIRECTORS</u>		
Name and T	itle: Bail Seraneau (Res	Name and Title	Elsa lopez (Vice Prosident)
Address		•	288 N.E. 67th Street
	Davie Florina 333		Miami Flisiph, 33135
	_/	<del>21</del>	
	(PRESIDENT)		(VICE PEESINEUT)
Name and Ti	ile: Jamaal Jounge (Treesu	Name and Title	
Address	5704 SW 39th ST.		
Address			
	West Ark, Fl. 330		
	(TREMSLIPER)		
	-		
Name and Ti	tle:	Name and Title	
Address		Address:	
		<del></del>	

Name ar	nd Title:	Name and Title:	
Address	s	Address:	
ARTICLE VI	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Jamaal Younge.		
Address:	5704 SW 39th Street		Esp. 5
	West Park Florida, 3362	<u>3</u>	<b>A</b> 2
ARTICLE VII	<u>INCORPORATOR</u>		SSE T
The name and a	ddress of the Incorporator is:		E PLO
Name:	GAIL E. SERANEAU	<del>.</del>	PATE ORIDE
Address:	9420 Tangerine Pl. Fort Lauderdale, FL. 3	# <u>4</u> 04	₽
	Fort Lauderdale, FL. 3	<u>33</u> 24	
Effective date, if	EFFECTIVE DATE:  f other than the date of filing:  date is listed, the date must be specific and candilling.)		
	e inserted in this block does not meet the applicable effective date on the Department of State's records		s, this date will not be listed as
Having been nat this certificate, I	med as registered agent to accept service of proce am familiar with and accept the appointment as r	ess for the above stated corpor egistered agent and agree to a	ation at the place designated in ct in this capacity
(	Jan Han		5/23/2016
<del></del>	Required Signature Registered Agent		Date
	, cument and affirm that the facts stated herein ar Department of State constitutes a third degree felo		
	La Lauri		5/23/2016
Requ	ired Signature/Incorporator		Date

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