

P17000083100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

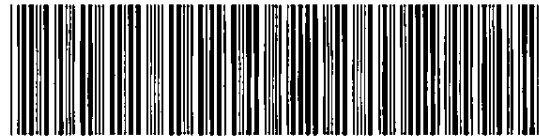
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 16 2017

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COVER LETTER

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

SUBJECT: _____

my 95210 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: _____

James G. Chapman III

Name (Printed or typed)

299 Teal Lane

Address

Tallahassee FL 32308

City, State & Zip

850-274-6225

Daytime Telephone number

james@95210.org

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: my 95210 Health, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

299 Teal Lane
Tallahassee
Fl. 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Chapman, CEO Name and Title: _____

Address: 299 Teal Lane Address: _____

Tallahassee, Fl. 32308

Name and Title: Andrii Gakhov, COO Name and Title: _____

Address: Eintrachtstr 1 Address: _____

13182 Berlin, Germany
49 151 267 34 027

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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2017 OCT 16 PM 4:00
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

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: James Chapman
Address: 299 Teal Lane
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

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

Name: James Chapman
Address: 299 Teal Lane
Tallahassee, FL 32308

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: October 16, 2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than 90 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

James Chapman
Required Signature/Registered Agent

Oct 16, 2017
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.

James Chapman
Required Signature/Incorporator

Oct 16, 2017
Date