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Division of Corporations

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2018 FEB -9	WI AND SOLE

FLORIDA PROFIT/NON PROFIT CORPORATION CAT WELLNESS CORP.

Certificate of Status	0
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FEB-9-2018 09:13A FROM:

TD: 3052201440

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ARTICLE OF INCORPORATION

In compliance with Chapter 607 (profit)

ARTICLE I NAME: The name of the corporation is:

CAT WELLNESS CORP.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

9767 NW 48th Terr. Doral, Florida 33178

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Title: President Catherine Medina 9767 N.W.48th Terr, Doral, Fl 33178

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address of the registered agent is:

Catherine Medina 9767 N.W. 48th Terr. Doral Florida 33178 I Certify that I am familiar with and accept the responsabilities of registered agent.

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Catherine Medina 9767 N.W. 48th Terr. Doral, Fl 33178

ARTICLE VII

The purpose for which this corporations is organized is: Any and all lawful business, in the State of Florida to sign and request business loan and signed all documentations that pertain to it.

ARTICLE VIII

The effective date for this corporation shall be: February 8, 2018

I am the incorporator submitting these Articles of incoporation and afflem that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereagter to maintain active status.

18 FEB -9 AM 8: 19

LAZARUS CORPORATE

TO:3052201440

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Required Signatures:

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

| Registered Agent | Date | 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, P.S.

Incorporator

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