

PI8000013593

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000048118 3)))



H180000481183ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
GLOBAL HEALTHY SWEETS INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

N. SAMS

FEB 12 2018

Electronic Filing Menu

Corporate Filing Menu

Help

2018 FEB -9 PM 1:35

STATE OF FLORIDA

18 FEB -9 PM 3:46

FILED

STATE OF FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H18000048118

ARTICLE I NAME: The name of the corporation is:Global Healthy Sweets Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

615 N. Andrewes Ave Apto 809
Fort Lauderdale 33311
FLORIDA

TALLAHASSEE, FLORIDA

18 FEB -9 PM 3:46

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Pedro N Ortiz Wong (President)
Carlos Ernesto Nunez Barrios (Vice President)
Amalia Basulto Prado (TREASURER)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

PEDRO N. ORTIZ WONG
615 N. ANDREWES AVE APT 809
FORT LAUDERDALE FL 33311**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:PEDRO N ORTIZ WONG
615 N. ANDREWES AVE APT 809
FORT LAUDERDALE FL 33311

H18000048118

H18000048118

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

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.

Incorporator_____
DateFILED
TALLAHASSEE, FLORIDA

18 FEB -9 PM 3:46

H18000048118